



## DISTRICT COMMITMENT FORM

TO: SECME, INC.

FROM:

School District -- Please Provide Complete District Title

State

Our district wishes to establish SECME programs in our district. I understand that establishing SECME Programs in our districts entails no SECME National Office registration fee for the district or our schools. I have assigned the administrators named below to serve as our district SECME liaisons between the district office and our SECME School Coordinators and with the SECME National Office.

Our district understands the following:

- Instructions to register our district in the SECME National database system will be emailed from the SECME National Office upon receipt of this signed form.
- Instructions for School Coordinators to register their schools in the SECME National database system will be emailed from the SECME National Office upon receipt of "Principal Commitment" forms from our participating schools.
- SECME Program Implementation Plan information for District Program Directors is available in the *SECME Toolbox* on the SECME Website at [www.secme.org](http://www.secme.org).
- Updated yearly, the *SECME National Student Competition Guidelines* are available to our School Coordinators after the SECME National Office has received "Principal Commitment" forms from our participating schools and the School Coordinator has registered his/her school in the SECME National database system.

Our SECME District Program Director/District Coordinator understand that his/her responsibilities include the following:

- Identify schools within district where a SECME program will have an impact.
- Identify those schools participating in SECME; **update annually in the SECME National database** (required).
- Work with School Coordinators in designing Implementation Plans that reflect district STEM focus.
- Coordinate/facilitate district meetings.
- Act as liaison to university to coordinate Region competition.
- Encourage and attempt to secure funding for educator participation in SECME Annual Summer Institute.

Official Program Director (PLEASE PRINT)

Email address

District Coordinator Name (PLEASE PRINT)  
(if applicable)

Email address

Superintendent Signature  
(or designee)

Date

Please email or fax to the SECME National Office  
(470) 235-1910  
[secme@coe.gatech.edu](mailto:secme@coe.gatech.edu)