



# DESE / MISSOURI SCHOOL PLANT MANAGER'S ASSOCIATION WORKSHOP

## PRE- ENROLLMENT FORM



Please complete the pre-enrollment form and mail to the appropriate workshop coordinator.

### May, 22-23 2017

### June, 1-2 2017

### June, 8-9 2017

Macon County School Dist. R-1  
 High School Cafeteria  
 Marshall Gingrich  
 702 N Missouri  
 Macon, Mo. 63552-2062  
 Fax: 660-385-7179  
 Ph: 660-385-5719  
 E-mail: [mgingrich@macon.k12.mo.us](mailto:mgingrich@macon.k12.mo.us)

Jefferson City School District  
 Gary Dunn  
 315 E. Dunklin St.  
 Jefferson City, Mo.65101-3128  
 Fax: 573-659-3031  
 Ph: 573-659-8122  
 EMail: [gary.dunn@jcschools.us](mailto:gary.dunn@jcschools.us)

Poplar Bluff High School  
 Alan Ursery  
 3209 Oak Grove Road  
 Poplar Bluff, MO. 63901  
 Ph: (573-772-0050  
 Email: [aursery@pb.k12.mo.us](mailto:aursery@pb.k12.mo.us)

### June, 19-20 2017

### June, 12-13 2017

Branson School District  
 Dee Gordon  
 Freshman Center, 935 Buchanan  
 Branson, MO 65616-8142  
 Phone: 417-336-1891 ext:9092  
 Fax: 417-336-1894  
 Emai: [gordond@branson.k12.mo.us](mailto:gordond@branson.k12.mo.us)

Saint Joseph School Dist.  
 Mickey Gill  
 Hillyard Technical Center  
 3434 Faraon  
 Saint Joseph, Mo.  
 ph: 816-671-4260  
 Email: [mickev.gill@sisd.k12.mo.us](mailto:mickey.gill@sisd.k12.mo.us)

Prior registration is required for each workshop to provide adequate staffing and materials. It is essential that the pre-enrollment form show the course in which your staff will be enrolled. Because of the funding requirements, a minimum of (10 persons must be enrolled in each class offered: Housekeeping, Maintenance and Repair, Heating-Ventilation-Air Conditioning, Grounds Keeping and Supervision of Support Services (supervisory-level people only).

The pre-enrollment form should be completed and returned as soon as possible to the appropriate workshop coordinator.  
 Phone 573-751-7864 • Fax 573-526-4261 • [ken.kerns@dese.mo.gov](mailto:ken.kerns@dese.mo.gov)

(PLEASE TYPE)

NAME OF SCHOOL DISTRICT: \_\_\_\_\_

ADDRESS/CITY/STATE/ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL/FAX NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ (Each person registering can sign up for one class)

- \_\_\_\_\_  Housekeeping  Maintenance  HVAC  Supervision
- \_\_\_\_\_  Housekeeping  Maintenance  HVAC  Supervision
- \_\_\_\_\_  Housekeeping  Maintenance  HVAC  Supervision
- \_\_\_\_\_  Housekeeping  Maintenance  HVAC  Supervision
- \_\_\_\_\_  Housekeeping  Maintenance  HVAC  Supervision