***The Board of School Administrators annual fee is due by November 30, 2017***

***FY18 (July 1, 2017 through June 30, 2018)***

Please submit the following information with your annual payment. Be sure to include your   
***Full name and File Folder # as they appear on your Administrative License***. (Please Print)

**Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**MI**:\_\_\_\_\_

**File Folder** #:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**: \_\_\_\_\_\_\_ **Zip**: \_\_\_\_\_\_\_\_\_\_\_\_

**\*Current** **District**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate a change of address.

**Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print)

Please check **√** the administrative license(s) you currently hold:

€Superintendent

€Elementary Principal

€Secondary Principal

€K-12 Principal

€Director of Special Education

€Director of Community Education

€Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

€I am working in a position that requires a ***Minnesota*** administrative license

€I am working in a position that *does not* require a ***Minnesota*** administrative license (inactive)

€I am retired

Enclosed is my check (payable to the Minnesota Board of School Administrators).

€$75.00 (employed in an administrative position requiring ***Minnesota*** license)

€$32.50 (retired or inactive, meaning working in a position that ***does not require***  
 a ***Minnesota*** administrative license)

**TOTAL Payment ENCLOSED**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CHECK #**\_\_\_\_\_\_\_\_\_\_\_\_

***\*PLEASE INFORM YOUR DISTRICT OFFICE – A COPY OF YOUR FEE STATEMENT MUST BE INCLUDED WITH PAYMENT.***

**Please mail to:** Minnesota Board of School Administrators

1500 Highway 36 West, Roseville, MN 55113

Office: 651-582-8754

Thank you!