

**SCHOOL-SITE REQUEST FORM**

**Teacher Residency Program**

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| Date: FALL Semester SPRING Semester Banner ID# 0000 |

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| Name: Last |  First |  MI |

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| Address: P.O. Box/Street |  City |  State |  Zip |

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| Primary Email: Secondary Email: |

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| Phone: Home/Message | Work: | Cell: |

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| Name of Preferred School District:Name of Superintendent: Name of Preferred School Site:Address of School-Site:Phone # of School-Site:Name of School-Site Principal: |

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| Are you currently employed at this school site: \_\_\_\_\_\_Yes \_\_\_\_\_\_NoIf Yes, what is your current employment position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are you working: \_\_\_\_\_\_Full-Time \_\_\_\_\_\_Part-TimeIf currently employed, are you willing to resign or take a leave of absence from your position to attend the Teacher Residency Program:\_\_\_\_\_\_Yes \_\_\_\_\_\_NoDo you have a Background Check copy: \_\_\_\_\_\_Yes \_\_\_\_\_\_No |