

**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 \_\_\_\_\_\_No  If Yes, what is your current employment position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you working: \_\_\_\_\_\_Full-Time \_\_\_\_\_\_Part-Time  If currently employed, are you willing to resign or take a leave of absence from your position to attend the Teacher Residency Program:\_\_\_\_\_\_Yes \_\_\_\_\_\_No  Do you have a Background Check copy: \_\_\_\_\_\_Yes \_\_\_\_\_\_No |