

**THE SCHOOL BOARD OF BREVARD COUNTY
INSTRUCTIONAL APPLICATION FOR
SUMMER ACADEMIC PROGRAM EMPLOYMENT**

Directions: This form is to be completed by each instructional applicant for ACADEMIC and / or SUMMER WORKSHOPS. The ACADEMIC applications are to be **retained by the principal**. If applying for more than one summer position, an application should be completed for each position. **DO NOT SEND THIS FORM TO HUMAN RESOURCES.**

1. NAME _____ EMPLOYEE ID _____

2. SCHOOL _____

3. LOCAL ADDRESS _____ TEL. NO. _____

CITY _____ ZIP CODE _____

4. AREAS OF CERTIFICATION _____ / _____ / _____

TEACHER CERTIFICATE # _____

5. COMPLETE THE FOLLOWING:

Applying for academic summer school teacher

SCHOOL _____

GRADE _____ SUBJECT _____ / _____ / _____

6. REGULAR TEACHING ASSIGNMENT

SCHOOL _____

GRADE _____ SUBJECT _____

7. Workshops you have participated in during the past 2 years _____ / _____

_____ / _____ / _____

8. Summer school assignments you have had during the past 2 years _____ / _____

_____ / _____ / _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND THAT I MUST HAVE A VALID CERTIFICATE TO COVER THE NEXT SCHOOL YEAR IN ORDER TO BE ELIGIBLE TO WORK DURING THE SUMMER.

MY CERTIFICATE EXPIRES June 30, 20____. _____

Signature of Applicant

Date

TO BE COMPLETED BY PRINCIPAL/DEPARTMENT HEAD ~ Evaluation of teacher's potential in areas for which applying

Signature of Principal / Dept Head

Date