ELK GROVE UNIFIED SCHOOL DISTRICT

PARTICIPATING TEACHER APPLICATION FORM
2005-2006

YEAR IN BTSA

Year 1: _____
Year 2: _____
(Check one)

Name: _____ SSN: ____-____-____

Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____

School Site: _____

Grade/Subject: _____ Track Assignment (if any): _____

Current Teaching assignment at level: (Check One)
K-6_____ 7-8_____ 9-12_____

Date Hired: _____. Is this your first ***credentialed*** contracted teaching position? **Yes** **No**
If **NO**, please complete the following information on your previous position(s):

Dates	District	School	Level	Subject(s)

EDUCATION AND CREDENTIALS

A. DEGREE: _____ INSTITUTION: _____

B. DEGREE: _____ INSTITUTION: _____

1. CREDENTIAL: _____ INSTITUTION: _____

2. CREDENTIAL: _____ INSTITUTION: _____

If available, please attach a copy of your credential to the application.

****

Candidate's Statement

I would like to participate in the Elk Grove Unified School District's Beginning Teacher Support & Assessment Program. I have read the attached statement of expectations and responsibilities and discussed them with my district coordinator. I agree to fulfill them.

NAME: _____

Signature _____ DATE: _____

☛ ***Submit this application to the BTSA office in Curriculum/Professional Learning, Room 114 of the Robert L. Trigg Education Center ASAP.***