



# Student Teacher Application

**Students:** *Please submit this filled out form to your Program Supervisor for approval.*

**Program Supervisors:** *Please send this filled-out form via e-mail to [StudentTeacher@friscoisd.org](mailto:StudentTeacher@friscoisd.org)*

Submission Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of College or Certification Program: \_\_\_\_\_

Area of Certification: (Ex: EC-6, Gen. 4-8, 6-12 Math) \_\_\_\_\_

## First Rotation

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

## Second Rotation (If Applicable)

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Special requirements for this placement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date District Background Check Submitted: \_\_\_\_\_

Have you worked or substituted for FISD?      Yes      No

Program Supervisor's Signature: \_\_\_\_\_

Program Contact Person: \_\_\_\_\_

Program Contact Email: \_\_\_\_\_

*\*Please note: Frisco ISD will make every effort to place Student Teacher with their preference, however, due to varying circumstances and unavailability, we may not be able to do so.*

*\*\*Notice of placement will be delivered to Program Contact's email address*