DATE: 12/19/08
TO: Student Teaching Candidates
FROM: The Teachers Academy
RE: Student Teaching Applications

1. Complete Section I of the UNCG Application for Admission to Student Teaching.

2. Complete the attached Piedmont Alliance Form and sign.

3. Complete the Guilford County Schools (GCS) Release of Information form.

4. a) Complete the Consumer Reports Release Form

   b) Applicants who have lived outside of North Carolina in the last seven (7) years need to complete the BIB Credit Card form with the Consumer Reports Release Form and fax or mail both forms and a copy of your Drivers License to BIB-1-704-439-3901 (FAX) or by mail to:
   BIB Research Dept.
   9712 Northcross Ctr., Huntersville, NC 28078

5. Attach a current Transcript Detail (Detail Requirements) – found on UNCGenie.

6. Complete the checklist below to make sure all requirements have been completed.

   ✓ Section 1 of the application completed.
   ✓ Piedmont Alliance Form is complete and signed.
   ✓ Guilford County Schools Release of Information Form
   ✓ Photocopy of Drivers License is attached to back of application.
   ✓ Consumer Reports Release Form is complete. (Has been faxed or mailed to BIB if lived outside of NC in past 7 years)
   ✓ Transcript Detail is attached

Return a copy of all completed forms to the Teachers Academy at 324 Curry Building on or before:

November 1st for Fall Placements or February 15th for Spring Placements.
UNIVERSITY OF NORTH CAROLINA AT GREENSBORO
APPLICATION FOR ADMISSION TO STUDENT TEACHING

Student Teaching Semester: Fall______ Spring_______
yr.                    yr.

SECTION I. TO BE COMPLETED BY THE STUDENT

DATE ______________________

Degree:______   Major:______

Advisor: ____________________

Mr.          Mrs.          Ms.________________________________________________

Expected Date of Graduation:_________________

Currently Enrolled: yes___no____

If no, date last enrolled___________

Permanent Address__________________________________ _____________________

Street                                 City                       State/Zip

Campus Address ________________________________    Phone#______________________

Email Address__________________________________    Cell#________________________

Certification Sought:  B-K _______ Elementary Education (K-6) _______ Middle Grades (6-9)

Secondary (9-12) __________________________                    Special Subjects (K-12) _______________

(Major)                         (Major)

___________________________________________________ _______________________________________________

SECTION II. TO BE COMPLETED BY THE TEACHERS ACADEMY

The above-named student has:

1) a quality point average of ___________    Date ______________________

2) been admitted to a teacher education program: yes______  no________

___________________________________________________ _______________________________________________

SECTION III. TO BE COMPLETED BY DEPARTMENT HEAD IN STUDENT’S MAJOR

The above-named student has met departmental or school requirements: yes______  no_______

This student is approved for student teaching:

___________________________________________________ (Signature)

This student is approved for student teaching pending the following:

1) ______________________________________________

(Signature)

2) ______________________________________________

This student is not approved for student teaching:

___________________________________________________ (Signature)

SECTION IV. TO BE COMPLETED BY THE TEACHERS ACADEMY, 324 CURRY BUILDING

Approved / Not Approved to student teach _____________________________ Date _____________________________
(Circle one of the above)
PIEDMONT ALLIANCE*
APPLICATION FORM
STUDENT TEACHERS/GRADUATE INTERNS/GRADUATE PRACTICUM STUDENTS
Please Type or Print Legibly in Ink

1. College or University: __________________________________________

2. Local School System Requested: ________________________

3. Type of Placement: (Circle One)  
a. Student Teacher  
b. Graduate Intern  
c. Graduate Practicum

4. Period of Assignment:  
   □ Fall Semester 20___.  
   □ Spring Semester 20___.

5. Name: ___________________________________________  Soc. Sec #:____________________
   Last   First  Initial  (Optional)

6. Address: Local__________________________________  Telephone: (    )___________________
Home (if different from above): __________________ ____________Telephone: (    )___________________

7. In case of emergency, notify: __________________ _________________Telephone: (    )_________________

8. Given our commitment to compliance with the Americans with Disabilities Act, do you have any physical
condition which might require special consideration in your placement?  If yes, please explain: ______________

9. Have you ever been charged/convicted of a felony or any other misdemeanor crime other than minor traffic offenses? Yes____ No____.
If the answer is yes, give the date, name of the offense, the trial court including city and state, a personal statement describing the incident(s)
and any other pertinent information on a separate sheet.

10. License Area(s) and/or Grade Level(s): ____________________________

11. Subject(s) and/or Grade(s) in which you are requesting placement. (Give 2-3 choices in order of preference):
   (a)________________________  (b)___________________  (c)______________________

RECOMMENDATION FROM COLLEGE OR UNIVERSITY

As a representative of this institution of higher education, I recommend the above named student as a person whom I believe will
perform satisfactorily in the local school system.

Date:______________________________, 20_____  ________________________________
   Signature of IHE Representative

The original of this application is to be forwarded to the local school system by the college or university.

Revised 12/08
12. **Educational History**

Institutions Attended:

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>City &amp; State</th>
<th>Dates Attended</th>
<th>Degrees/Dates</th>
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<tr>
<td>Present College/University</td>
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<td>Previous Colleges/Universities</td>
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<td>Community or Junior College</td>
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<td>High School</td>
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13. **Public School/Field Work Experience**

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<th>School/Agency</th>
<th>Age Group</th>
<th>Public School Teacher/Agency Supervisor</th>
<th>Duties</th>
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14. Please list previous jobs, special curricular or extracurricular activities which will relate to your school placement (honors, work experience, volunteer work, summer jobs, etc.):

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<tr>
<th>Activities</th>
<th>Dates</th>
<th>Duties</th>
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15. Please provide a brief handwritten autobiographical statement (attach another page if necessary):

I have read this application carefully and certify that the information I have given is correct and complete.

Date: ________________, 20____ Signature of Applicant

**Please note:**

1. Student teachers/interns shall abide by applicable N.C. Statutes and by the local school’s calendar and by all the schedules, policies and procedures in effect in the schools to which they are assigned.

2. Student teachers/interns will be assigned to any eligible cooperating teacher at any local school on a nondiscriminatory basis.
GUILFORD COUNTY SCHOOLS (GCS)
RELEASE OF INFORMATION FORM

The purpose of this form is to notify you, in accordance with present federal law that a background report, including criminal records check, will be obtained on you in consideration for placement as a student teacher and/or in the course of your employment with the Guilford County Schools. I understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

Last Name: _______________________________________  First: ______________________________________
Middle: ____________________  Other (Maiden, Aliases, etc.):________________________________________

Present Address: __________________________________ ____________________________________________________________________
City: ________________________________________  State: ______________        Zip Code: _______________ __
Date of birth: _______ _______ __________  Race: __ ____________             Home Phone: ( ) __________ __

Driver’s License #: ______________________________ State of Issue: ___________

In consideration with this request, I authorize all corporations, former employers, credit agencies, education institutions, law enforcement agencies, city, state, county and federal courts, and military services to release information about my background, including but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public record history, to the person or company with which this form has been filed, or its agents. This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand I have the right to make a request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

Please list all cities, counties and states in which you have lived within the past 20 years. Attach another page if necessary:

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<th>Street</th>
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<th>State</th>
<th>Dates</th>
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Please list any felony or misdemeanor criminal convictions, guilty pleas, pleas of no contest, deferred prosecutions, prayers for judgment, and pending charges. Your listing should include DWI/DUI convictions, guilty pleas etc. but exclude minor traffic violations. Please provide date(s), court of jurisdiction, and state.

Position nominated for: STUDENT TEACHER Previously worked for GCS: _____ yes ___ no

School/Location: ATTN: OFFICE OF EMPLOYMENT

Applicant’s Signature: ____________________________ ________________ Date: _____________

Revised 05/08/08 Guilford County Schools-Human Resources Fax #: (336) 370-839
In connection with my application for employment (including contract for services) or for consideration for placement as a student teacher with Guilford County Schools, I understand that consumer or investigative consumer reports which may contain public record information, may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. Further I understand that you will be requesting information from various Federal, State and Local agencies regarding my past activities. I also understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

I hereby authorize without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I understand I have the right to make a request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

FOR IDENTIFICATION PURPOSES: PLEASE PRINT INFORMATION CLEARLY IN UPPER CASE

Last: ____________________________ First: ____________________________

Middle: ____________________________. Other: Maiden, Aliases, etc. ____________________________

Date of Birth: Month: ________ Day: _________ Year: ____________ Race: ________ Gender: ________

Social Security #: __________-________-___________ Drivers License #: __________________ State: __________

LIST ALL ADDRESSES FOR THE PAST SEVEN (7) YEARS STARTING WITH THE MOST CURRENT:

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<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Dates (MM/YEAR)</th>
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Signature __________________________________________ Date: ________________

REQUESTOR: GCS001 DEPT. COUNTY CHARGES are PER NAME

COUNTY CRIMINAL RECORD SEARCH FOR THE FOLLOWING AREAS:

1) $________, 2) $________, 3) $________, 4) $________, 5) $________

COST: $3.00 PLUS $12 per County in ALL States with the exception of: SD Counties @ $30. ALL NY areas = 1x $58

Fax to: B.I.B. @ 1-704-439-3901 (Add Lines 1-5 PLUS $3.00) TOTAL AMOUNT DUE: $________._____

Please remember that criminal records are name sensitive. Maiden & Alias names are treated as a separate searches.

Acceptable forms of payment: Visa / MC / Discover (Fax in Credit Card Form with this Search Request), or Money Order MAILED to: BIB, 9710 Northcross Ctr. Court, Huntersville, NC 28078
This document provides BIB Inc. with approval to process your credit card for charges incurred for criminal record searches being performed for my application to:

GUILFORD COUNTY SCHOOLS DEPT: _________________________

CREDIT CARD INFORMATION

- CREDIT CARD AUTHORIZATION -

By my signature below, I authorize RSM Group, LLC to process and charge my credit card for my criminal record searches.

Credit Card Type: _____________ (Visa / Mastercard / Discover / AmEx)

Credit Card Number: ___________________________ Expiration Date: __________

Credit and Security PIN _____________ (3 to 4 digit number in signature block on back of card)

Cardholder Name: ___________________________________ (as written on card)

Billing Address: ___________________________ City: _________ State: ___ Zip: _____

Cardholder Telephone Number: (____) _____________

Cardholder Signature: X ___________________________ Date: _______________