

## **Student Teacher Information Form**

Student's Name	
Last First	Middle
Contact phone number ()	-
E-mail	-
Licensure Area:	
	-
University/College	<u>-</u>
I plan to begin Student Teaching: (circle one) FALL/SPRING Year 20	-
To be considered for placement as a student taggler. Suilford Sounty Schools r	aguires the completion of a background shock
To be considered for placement as a student teacher, Guilford County Schools re Please complete our GCS Release of Information form so that we may perform a	
of the state of North Carolina within the last seven years, we also require an out	
background check must be completed through the Background Investigation Bu	_
All forms must be completed or your request for student	teaching cannot be processed.
I understand the above forms are required and agree to submit them in a timely	y manner.
Signature of Student_	Date
<b>Note to Student:</b> Please return this form to the university representative to have	e them complete the bottom of this form.
Cooperating Teacher's Name	
Last First	Middle
School	
	-
Subject(s) and/or Grade level(s) I will teach during the semester	
Licensure Area(s)	
I hold career status in Guilford County Schools. Yes No Total years	of teaching experience
10th years	
Signature of Teacher	Date
Signature of Principal	Date
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This form must have the signature of the principal.