

Miller Place Union Free School District
7 Memorial Drive
Miller Place, New York 11764
(631) 474-2700

APPLICATION FOR STUDENT TEACHING

Please complete all sections legibly and accurately.

Legal Name _____
Last First Middle Name on Records if Other

Physical Address _____
Street (No P.O. Box or R.R.) Apt. City State Zip Code

Telephone Fax Mobile E-mail

Mailing Address _____
(If Different) Street, P.O. Box, or R.R. Apt. City State Zip Code

Name of College/University (attach any paperwork from the school) _____

Address _____

Name of College/University Supervisor _____ Phone Number _____

Personal Data

Social Security Number _____ Are you a U.S. Citizen? Yes No

Have you ever been convicted of a felony? Yes No If yes, please provide a brief explanation: _____

Signature _____ Date _____

The applicant meets the requirements for student teaching placement pending BOE approval.

Christopher Herrschaft, Director of Human Resources

Date