

Washington County School District  
**Student Teacher Application / Agreement - Elementary License**

“Student Teacher” means a college student who is teaching without compensation under the direct supervision of a certified teacher in order to qualify for a degree in education.  
 Student teachers are not the “teacher of record.”

**This form must be submitted to the WCSD Assistant Superintendent of Elementary Education**

**Priority Deadline for Application is April 1<sup>st</sup> in the School Year Preceding the Student Assignment**

Name:		Major:		Cumulative GPA:	
Availability Date:		Institution:			
Address:		City:	State:	Zip Code:	
Cell Phone:	Home Phone:	Email Address:			
Endorsement Area:		Endorsement Area:		Endorsement Area:	
Preferred School and Assignment:					
Special Requests for Assignment Consideration:					
<p><b>STUDENT TEACHER APPLICANT AGREEMENT:</b>          If selected to participate as a Student Teacher for Washington County School District (WCSD) I agree to conduct myself professionally and in accordance with all applicable WCSD Policies and procedures. I understand that I must apply for and receive a Temporary Student Teacher License issued by the Utah State Office of Education prior to beginning a Student Teacher assignment. Failure to obtain a Student Teacher License will invalidate this agreement and I will not be allowed to participate in a Student Teacher Assignment. Unless hired under the special provisions of a Teacher Apprentice or other educational program, I understand I am ineligible to participate as a Student Teacher if I am employed by Washington County School District in any other capacity during my assignment as a Student Teacher. By signing this agreement I hereby resign my employment with WCSD on the effective date of my assignment as a Student Teacher. I understand that Student Teacher Assignments are arranged by the WCSD District Office. I will not solicit participation as a Student Teacher by arranging an assignment directly with a Principal within WCSD.</p>					
Signature:			Date:		

**MANDATORY: to be considered as a Student Teacher, the APPLICANT must obtain the following eligibility verification:**

Name of University/Educational Institution:		
Name and Phone number of Collegiate Supervising Professor:	Name:	Phone No:

**I certify that the above named individual will complete all required course work in accordance with Utah Administrative Rules, has completed a satisfactory and current criminal background check.**

<i>University Department Approval Signature</i>	<i>Title</i>	<i>Date</i>
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**For WCSD Use Only:**

Name and School for WCSD Mentor Teacher:	Name:	School:
WCSD District CACTUS Approval:	Signature:	Date:
Final Committee Approval and Assignment:		
Principal Approval of School Assignment:		