

**MIDDLE SCHOOL REMOVAL OF DEFICIENCIES
SUMMER SCHOOL APPLICATION TO TEACH**

Name: _____ SS# _____

Area(s) of Certification: _____
(You must submit a copy of your teaching certificate with your application.)

Present Teaching Assignment:

School: _____ Grades: _____

Subject: _____

Number of Years in: Present Assignment _____ Lafayette Parish _____

INDICATE PREVIOUS YEARS OF SUMMER SCHOOL EMPLOYMENT:

2004 _____ 2005 _____ 2006 _____ 2007 _____

Have you applied for another position? _____ Yes _____ No

If yes, circle all that apply below:

Leap-ELA LEAP-MATH ESYP Other (Specify) _____

Home Address: _____

City/State/Zip: _____

Home Phone _____ Cell Phone/Other _____

If you are not selected, would you be willing to substitute? _____ Yes _____ No

Summer School will be held from June 2-July 3. Teachers will be paid \$161.00 per day (\$23.00 per hour/7.0 hours) 7:45 a.m. – 2:45 p.m.

Signature: _____ Date: _____