

Date _____

Subject Area _____

South Range Local Board of Education
11300 Columbiana Canfield Rd., Canfield, OH 44406
330.549.5226 FAX 330.549.4740

Name _____

Phone Number _____

Address _____
Number and Street City & State Zip Code

High School Attended _____
Name City & State Date of Graduation

<u>Colleges Attended:</u>	<u>Years Attended</u>	<u>Degree</u>	<u>Date of Degree</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Undergraduate Major: _____ Total Hrs. _____ Sem. _____ Qt. _____

Undergraduate Minor: _____ Total Hrs. _____ Sem. _____ Qt. _____

Overall GPA: _____ Major Only GPA: _____

Student Teaching _____
School Cooperating Teacher Subj./Grade Level Final Grade

Certification/License Circle the types you hold or for which you are eligible:

License Provisional Professional Permanent Special

Indicate subject areas listed on your certificates below:

Military Service: Months Active Duty _____ If none, check here _____

Teaching Experience	Name of School	Location	Grades	Dates
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Non-Teaching Work Experience _____

References _____

List Extra-Curricular activities you are prepared to direct : _____
