

# PORT WASHINGTON-SAUKVILLE SCHOOL DISTRICT

100 West Monroe Street  
Port Washington, WI 53074-1292

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Fax (262) 268-6020  
Web [www.pwssd.k12.wi.us](http://www.pwssd.k12.wi.us)

## STUDENT TEACHER APPLICATION FORM

<i>GENERAL INFORMATION</i>					
NAME			DATE		
SCHOOL(S) REQUESTED:    Dunwiddie            Lincoln            Saukville            Thomas Jefferson Middle            Port Washington High					
STUDENT TEACHER ASSIGNMENT REQUESTED:					
HOME ADDRESS					
Street		City		State            ZIP	
TELEPHONE            (    )		(    )		E-MAIL ADDRESS	
Home		Cell Phone			

<i>EMERGENCY CONTACT</i>	
NAME	
PHONE	CELL PHONE

<i>EDUCATION</i>			
HIGH SCHOOL NAME & LOCATION:			
COLLEGE/UNIVERSITY NAME & LOCATION	MAJOR/MINOR	DEGREE	DATE EARNED or to be completed

What previous experience do you have working with youth? \_\_\_\_\_  
\_\_\_\_\_

<i>PERSONAL DATA</i>
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1. Have you ever been dismissed, asked to resign, or non-renewed?     Yes     No  
If yes, please explain on a separate sheet.
  
2. Have you ever been convicted of any felony, plead no contest to, been fined in connection with, or agreed to enter into a pretrial diversion program (including, but not limited to, an agreement to make restitution, obtain treatment for substance abuse, perform community service, etc.) in connection with any type of felony, misdemeanor, municipal ordinance violation or any other like offense (other than a parking ticket or non-criminal traffic citation), regardless of the nature of the penalty or fine for that offense?  
 Yes     No  
If yes, please provide an explanation, including offense(s) and date(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently subject to a pending charge for any type of felony, misdemeanor, municipal ordinance violation or any other like offense (other than a parking ticket or non-criminal traffic citation)?     Yes     No  
If yes, please provide an explanation, including offense(s) and date(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are in doubt about the nature of any offense or charge, you should list it. The above questions require disclosure of all past convictions, violations, fines or offenses (other than a parking ticket or non-criminal traffic citation), and all pending charges regardless of whether you believe such offense or charge is maintained in any public record and regardless of whether anyone advised you that you did not need to disclose it. The failure to list such offense or charge will be considered falsification and will be grounds for the Port Washington-Saukville School District to no longer consider you for or to release you from a student teaching assignment. No applicant will be denied a student teaching assignment because of a past offense or pending charge which is not substantially related to the circumstances of the assignment sought.

3. May we have your permission to contact references listed below?  Yes  No

**PROFESSIONAL REFERENCES**

List two persons we may contact who have knowledge of your ability to work with youth, your experiences, and qualifications as a student teacher.

NAME	ADDRESS	POSITION/TITLE	TELEPHONE NO.

**AUTHORIZATION**

My signature certifies that all statements made on this application/request and in all other materials submitted to support my student teacher request are true and complete. I grant representatives of the Port Washington-Saukville School District permission to check the accuracy of statements/information provided within this application and authorize any former employer, person, organization, or agency to disclose to the District any information they may have regarding me. I hereby release the District as well as all providers of information from any liability and for any damages, which may result from the furnishing and receiving of this information. I agree that misrepresentation of information contained in the application materials may be cause for the District to elect to not allow me to serve as a student teacher. I agree that the Port Washington-Saukville School District, or its representatives, shall not be held liable in any respect if my application is not considered or my student teaching assignment is terminated, at any time, because of false statements, answers or omissions made by me in this application. A copy of this authorization and release is as valid as the original and should be recognized as such.

I agree to conform to the rules, regulations and policies of the Port Washington-Saukville School District. I also agree to abide by the confidentiality statement below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONFIDENTIALITY STATEMENT:** As a student teacher within the school district, I understand the importance of confidentiality. I further understand that I am permitted to only discuss student issues or concerns with the student’s teacher and/or principal. Student teachers who violate confidentiality will be asked not to provide services to the District.

Port Washington-Saukville School District is committed to a policy of non-discrimination on the basis of race, religion, sex or sexual orientation, age, national origin, handicap, marital status, political affiliation, arrest or conviction record, or any other factor provided for by state and federal laws and regulations.