SANBORN REGIONAL SCHOOL DISTRICT

SRSD File: LDA-E

STUDENT TEACHER/INTERN AGREEMENT FORM

INSTRUCTIONS TO PRINCIPAL:
Submit to SAU office with teaching schedule prior to each semester.

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Check one:
Student Teacher ____
Teacher Intern _____

Between Sanborn Regional School District
and _____
(Sending Institution)

School_____ School Year _____

Beginning Date _____ Ending Date_____

School District Supervisor_____ Department _____

Student Teacher _____

Address_____Telephone_____

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Date _____ _____
Signature of Student Teacher/Intern

Date _____ _____
Signature of SRSD Supervisor/Principal

Date _____ _____
Signature of School Superintendent

Date _____ _____
Signature of Sending Institution Coordinator

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OFFICE USE ONLY

Work Study: Yes _____No____ Verification attached ____

The following information is on file for student teacher/intern:
_____Criminal Records Check Information – Paid for by Student Teacher
_____ School Board Policy Signature Page
_____W-4 and I-9, Employment Eligibility Verification, if applicable

SAU #17
1/2011