



## ARLINGTON PUBLIC SCHOOLS STUDENT TEACHER/INTERN PERMISSION FORM

Arlington Public Schools will seek to provide an optimal learning assignment within one of our schools for all student teaching/interns once approval has been given by the Human Resources Director and the Building Principal has identified and approved of a specific assignment. Any and all information learned about students and staff will remain confidential. Any abuse of this expectation will result in immediate termination of student teacher/intern assignment.

**\*Cori & Fingerprinting Results must be received prior to student teacher permitted in classroom. There will be no exceptions.**

### Applicant Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

### University/College Information:

Name of Contact Liaison: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name of University/College: \_\_\_\_\_

**FOR OFFICE USE ONLY**

### Approval and Assignment by Principal

Teacher assigned to: \_\_\_\_\_ Subject: \_\_\_\_\_ Grade: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cori Approval Date\*: \_\_\_\_\_

Fingerprinting Received Date:\* \_\_\_\_\_