

Greene County School System Student Teaching – Placement Request Form

Student Information (Please Print)			
Legal Name:			
First	Middle	Last	
	Pre-Service Certification #:		
(*We will also require a copy of the	student's driver's licenses or or	ther state issued photo ID j	for our records.)
College/University Contact Information	1		
Name of College/University:		Phone:	Ext:
Address:	City:	State:	Zip:
Contact Name:	Contact Ema	ail:	
Is there a partnership agreement (MOI	J) in place with GCSS? \Box	Yes No Expiration	n Date:
Signature of College/University Contac	t listed above:		
Placement Request	☐ Observation Only ☐ Practicum ☐ Other		
Semester/Year Beginning [Date: Ending [Date: # of	Days per week:
School*:	Grade Level(s):	Subject Area(s):	
Special Notes:			
	our schools, students may not i		ence.)
		_	
Greene County School System Assignm	nent		Approved Denied
School Name:	Phor	ne: I	ax:
Address:	City:	State:	Zip:
Principal's Name:	Email:		
Teacher's Name:	Email:		
Special Notes:			
School Designee Signature:			Date: