
INTERN SUBSTITUTE CERTIFICATE REQUIREMENTS

Attention: Total fee amounts due with this application include a \$33 OSPI processing fee.

The intern substitute teacher certificate is issued under special circumstances for a limited period of service to an individual who is undergoing student teaching/internship, but does not yet meet requirements for a regular teacher certificate. A school district, educational service district (ESD), or private school must request the intern substitute teacher certificate, and a college/university must approve the candidate. An individual cannot apply for an intern substitute teacher certificate without a formal request by a school district, educational service district, or private school and verification of program enrollment by a college/university.

Intern substitutes may be called at the discretion of the school district or approved private school to serve as a substitute teacher only in the classroom(s) to which the individual is assigned as a student teacher/intern.

INTERN SUBSTITUTE CERTIFICATE CHECKLIST

- | | | |
|--------------------------|------------------------------|---|
| <input type="checkbox"/> | FORM SPI/CERT 4028A | APPLICATION FOR WASHINGTON STATE INTERN SUBSTITUTE CERTIFICATE
(attach payment for certification fee to this form) |
| <input type="checkbox"/> | FORM SPI 4028B | DISTRICT REQUEST FOR INTERN SUBSTITUTE CERTIFICATE |
| <input type="checkbox"/> | FORM SPI 4028E | APPROVAL OF CANDIDATE FOR INTERN SUBSTITUTE CERTIFICATE |
| <input type="checkbox"/> | FORM SPI/CERT 4020B | CHARACTER AND FITNESS SUPPLEMENT |
| <input type="checkbox"/> | FORM SPI/CERT 4020C | VERIFICATION OF GOOD STANDING FOR CERTIFICATES HELD IN OTHER STATES |
| <input type="checkbox"/> | FINGERPRINT BACKGROUND CHECK | Please indicate the date submitted: _____ |
| <input type="checkbox"/> | FEE | |

In addition to the certification fee, a \$20.00 processing fee for the educational service district (ESD) and a \$33 OSPI processing fee per certificate action is required. Please select the appropriate box for the certificate(s) you are requesting and attach your check in the amount indicated made out to one of the ESDs below.

- ☐ INTERN SUBSTITUTE: \$5 + \$20 (ESD) + \$33 (OSPI) = \$58

SEND YOUR COMPLETE APPLICATION PACKET AND FEE TO ONE OF THE EDUCATIONAL SERVICE DISTRICTS (ESDs) LISTED BELOW:

DO NOT send your application or fees to the Office of Superintendent of Public Instruction. OSPI is not authorized to collect certification fees.

ESD 101	4202 S. Regal	Spokane, WA 99223-7764	(509) 789-3800
ESD 105	33 South 2nd Ave.	Yakima, WA 98902	(509) 454-3102
ESD 112	2500 N.E. 65th Ave.	Vancouver, WA 98661-6812	(360) 750-7500
ESD 113	6005 Tyee Drive S.W.	Tumwater, WA 98512	(360) 464-6714
Olympic ESD 114	105 National Ave. N.	Bremerton, WA 98312	(360) 478-6868
Puget Sound ESD (121)	800 Oakesdale Ave. S.W.	Renton, WA 98057	(425) 917-7600
ESD 123	3918 West Court Street	Pasco, WA 99301	(509) 547-8441
North Central ESD 171	P.O. Box 1847	Wenatchee, WA 98801-1847	(509) 665-2621

I am enclosing a COMPLETE Washington teacher certification application.

_____/_____
Signature Date

APPLICATION INSTRUCTIONS

Only COMPLETE applications (all items except your fingerprint cards) will be accepted by the educational service district (ESD) for processing by the Office of Superintendent of Public Instruction.

It is your responsibility to collect the items needed for evaluation for certification and submit them in one envelope to the ESD Office. Do not request that any of the items be sent directly to this office (OSPI).

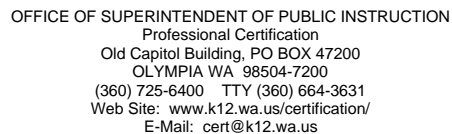
All fees are non-refundable.

Washington State law requires that any applicant who does not hold a valid Washington certificate at the time of application must be fingerprinted for a state and national background check. Since this could delay the application, we urge you to initiate this process as soon as possible.

Fingerprints. You may select one of the following options to complete the fingerprint process:

- A. You may utilize the live scan fingerprinting process in person at one of the ESD locations. This process does not require a fingerprint card and is subject to an additional processing fee. Please contact the ESD of your choice for details.
- B. If your fingerprints are worn and not easily discernible the State Patrol recommends you have your prints processed by the ink and roll method using the fingerprint card and instruction sheet which can be obtained from our office. Once you have the card and instructions, this may be completed by contacting a law enforcement agency that will fingerprint applicants for non-criminal background checks. Please check with the agency for additional processing fees. Some ESD offices may provide the ink and roll method in addition to the electronic Live Scan.

If the background check reveals a criminal record, or if you answer "yes" on the character and fitness supplement (Form SPI/CERT 4020B), your application materials will be forwarded to the Office of Professional Practices for review. This may delay the certification process for several months. The Professional Certification office cannot act on your application materials until clearance is received from the Office of Professional Practices.



Certificate is valid for one year or less.

1. NAME	LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS				3. DATE OF BIRTH
CITY/STATE/ZIP				4. SOCIAL SECURITY NO. (OPTIONAL)
5. TELEPHONE:				6. E-MAIL
BUSINESS ()		HOME ()		

9. From what regionally accredited college or university did you (or will you) receive your bachelor's degree?

	Date
--	------

10. From what college/university will you complete your approved teacher preparation program (if different from No. 9 above)?

	Date
--	------

Type of Cert. Issued			Endorsement	Mailed:
Approved by	Date	State		Issued:
Materials Sent:				Codes:

11. List the name of every community college and undergraduate and graduate institution you have attended in the space below and provide the additional information requested.

Institution	Location City/State	Dates Attended		Degrees Granted	Post BA Credits Earned	
		From	To		Semester	Quarter

Attach separate page for additional education, if necessary.

12. Official transcripts (those with the college or university seal) are required to process this application. Transcripts already on file at your Washington teacher preparation institution need not be submitted. List all transcripts you are providing.

NOTE: ALL OFFICIAL TRANSCRIPTS NEEDED TO EVALUATE YOUR APPLICATION FOR A CERTIFICATE MUST BE SUBMITTED WITH THIS APPLICATION.

AFFIDAVIT

I, _____, certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing and all information included in this application is true and correct. If the answers to any question on the application or the character and fitness supplement change prior to my being granted certification, I must immediately notify Professional Certification at OSPI.

Signature

Date

City/State

THIS FORM MUST BE INCLUDED IN THE APPLICATION PACKET. ATTACH YOUR CHECK TO THIS FORM.

APPLICATIONS THAT ARE RECEIVED THAT DO NOT INCLUDE ALL OF THE REQUESTED MATERIALS WILL BE RETURNED TO THE APPLICANT.



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
Professional Certification
Office of Professional Practices
Old Capitol Building, PO BOX 47200
OLYMPIA WA 98504-7200
OPP (360) 725-6130 TTY (360) 664-3631
Web Site: <http://www.k12.wa.us/certification>
E-Mail: cert@k12.wa.us

CHARACTER AND FITNESS SUPPLEMENT

Please complete the following questions carefully and completely before providing information and signing the affidavit. **Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.**

ALL REQUIRED DOCUMENTATION REQUESTED BELOW MUST ACCOMPANY THIS FORM. ALL QUESTIONS MUST BE ANSWERED. IF ADDITIONAL SPACE IS NEEDED, ATTACH ON A SEPARATE SHEET OF PAPER.

SECTION I - PERSONAL INFORMATION (please print or type)

1. NAME LAST FIRST MIDDLE	2. MAIDEN NAME
3. ADDRESS CITY/STATE/ZIP	4. DATE OF BIRTH
5. SOCIAL SECURITY NO. (OPTIONAL)	
6. TELEPHONE BUSINESS: () HOME: ()	7. E-MAIL
8. Please list all former names you have used and approximate dates of use. (If more than three, list on separate sheet of paper.)	
_____ Date	
_____ Date	
_____ Date	

SECTION II - PROFESSIONAL FITNESS

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever held or do you currently hold a Washington education certificate? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever held or do you currently hold any education certificate, credential or license authorizing service in the public/private schools in another state, province, territory, or country? If "yes," list the states, provinces, territories, and/or countries: |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are you currently or have you ever been the subject of any certificate or licensing investigation or inquiry by any certification or licensing agency for allegations of misconduct? If "yes," on a separate sheet of paper, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry. |

If you answer "yes" to questions 4 through 11 (Section II), on a separate sheet of paper, give a complete explanation, including duties, circumstances, and supporting documentation.

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever had any adverse action taken on any certificate or license? (Adverse action includes letters of warning, reprimands, suspensions [including stayed], revocations, voluntary surrenders, or avoidance.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever been denied, or otherwise rejected for cause, an education certificate, credential, or license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever withdrawn an application for any education certificate, credential, or license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you ever practiced in any educational position in a public school for which you did not hold the appropriate valid educational certificate, credential, or license for that position? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you ever been dismissed, discharged, or fired from any employment position involving children or dependent adults? (Do not include RIFs) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have you ever resigned from or otherwise left any employment (e.g., settlement agreement) while allegations of misconduct were pending? |

- | | | |
|---------------------------------|--------------------------------|--|
| Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | 10. Have you ever been disciplined by a past or present employer because of allegations of misconduct? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Are you currently or have you ever been the subject of any investigation or inquiry by an employer because of allegations of misconduct? |

SECTION III - CRIMINAL HISTORY

If you answer "yes" to any of the questions 1–5 (Section III), please provide the following:

- A. On a separate sheet of paper state the following:
- A detailed statement including what occurred, the nature of the offense, charge or warrant.
 - The name and address of the arresting agency.
 - If a court was involved, the name and address of the court.
 - The date of the arrest.
 - The final disposition, if any.
- B. If a court was involved, provide a copy of the court docket (can be obtained at the court in which the charge[s] were filed).
- C. Provide a copy of the complete arresting officer's report.
- D. If a court was involved, provide the sentence and judgment (can be obtained at the court in which the charge[s] were filed).
- E. If the arrest was driving related, provide a copy of a current and complete 5-year driving abstract.

NOTE: For questions 1, 2, 3, DO NOT include minor in possession (MIP)/minor in consumption (MIC) occurring more than 2 years ago or driving under influence (DUI) occurring more than 5 years ago.

- | | | |
|---------------------------------|--------------------------------|---|
| Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | 1. In the last 10 years, have you ever been arrested for any crime or violation of the law? (Do NOT include Minor in Possession [MIP]/Minor in Consumption [MIC] occurring more than 2 years ago or Driving Under Influence [DUI/DWI] occurring more than 5 years ago.) (Note: For "yes" responses to 1, 2, 3, even if your case was dismissed or your record was sealed you must answer this question in the affirmative.) You need not list traffic violations for which a fine or forfeiture of less than \$300 was imposed. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. In the last 10 years, have you ever been fingerprinted as a result of any arrest for any crime or violation of the law? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the last 10 years, have you ever been convicted of any crime or violation of any law? (Note: For the purpose of this question "convicted" includes [1] all instances in which a plea of guilty or nolo contendere is the basis of conviction, [2] all proceedings in which a sentence has been suspended or deferred, [3] or bail forfeiture.) You need not list traffic violations or fines for which a fine or forfeiture of less than \$300 was imposed. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever been convicted of any felony crime? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you currently have any outstanding criminal charges or warrants of arrest pending against you? This would include Washington State, any other state, province, territory, and/or country. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever been or are you presently under investigation in any jurisdiction for possible criminal charges? If your answer is "yes," identify agency and location (street address, city, state) and the circumstances or details relating to the investigation on a separate piece of paper. |

SECTION IV - FITNESS

If you answer "yes" to any question (Section IV), provide a written explanation on a separate sheet of paper:

- | | | |
|---------------------------------|--------------------------------|--|
| Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | 1. Have you ever exhibited any behavior or conduct which might negatively impact your ability to serve in a role which requires a certificate, credential, or license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. In the past 10 years, have you ever engaged in any conduct which resulted in the damage or destruction of property? (For purposes of questions 2 and 3, property includes both real and personal property owned by you or another. Do not list damages done as the result of an automobile accident.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the last 10 years, have you ever threatened to damage or destroy property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever engaged in any conduct which resulted in the physical injury or harm of any person(s)? (Do not list injury or harm caused as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever threatened to do physical injury or harm to any person(s)? (Do not list threats issued as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.) |

SECTION IV - FITNESS

Yes No

☐ ☐

6. Do you have a medical condition which in any way impairs or limits your ability to serve in a certificated role with reasonable skill and safety?

N/A

☐ ☐

7. If you use chemical substance(s), does this use in any way impair or limit your ability to serve in a certificated role with reasonable skill and safety?

N/A

☐ ☐

If you disclosed a "yes" answer to questions 6 or 7 above, are the limitations or impairments caused by your medical condition(s) or substance abuse reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.

☐ ☐

8. Do you currently use illegal drugs?

☐ ☐

9. Have you used illegal drugs in the last year?

N/A

☐ ☐

If you disclosed a "yes" answer to question 9 above, have you successfully completed or are you participating in a supervised rehabilitation program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.

If you answer "yes" to questions 10 or 11, attach copies of any court orders entered in the proceeding.

Yes No

☐ ☐

10. Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any minor?

☐ ☐

11. Have you ever been found in any dependency or domestic relation matter to have physically abused any person?

If you answer "yes" to questions 12 or 13, and a repayment agreement has been established, attach copies of the repayment agreement from the appropriate agency.

Yes No

☐ ☐

12. Are you currently in default status on any educational loan or scholarship? (Do not include loans that are currently in a compliant deferment status.)

☐ ☐

13. Are you currently in non-compliance with a support order?

SECTION V - CHARACTER REFERENCES

List three individuals, not related to you, who will serve as character references.

NAME

TELEPHONE NUMBER

()

MAILING ADDRESS

CITY/STATE/ZIP

E-MAIL ADDRESS (OPTIONAL)

NAME

TELEPHONE NUMBER

()

MAILING ADDRESS

CITY/STATE/ZIP

E-MAIL ADDRESS (OPTIONAL)

NAME

TELEPHONE NUMBER

()

MAILING ADDRESS

CITY/STATE/ZIP

E-MAIL ADDRESS (OPTIONAL)

*** ATTENTION ***

Please complete the appropriate sections on the next page (pg. 4 of 4).

ALL APPLICANTS MUST COMPLETE THE AFFIDAVIT

AFFIDAVIT

I, _____ certify (or declare) under the penalty of perjury under the laws of the state of Washington that the foregoing and all information included in the application is true and correct.

If the information provided or answer(s) to any question on the application or character and fitness supplement changes prior to my being granted certification, I must immediately notify the Office of Professional Practices and my college/university if I am a college/university candidate.

I understand I must answer this application truthfully and completely. Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.

SIGNATURE

DATE

CITY/STATE

THE FOLLOWING AFFIDAVIT MUST BE COMPLETED BY WASHINGTON COLLEGE/UNIVERSITY STUDENTS AND THOSE COMPLETING A PESB APPROVED TRAINING PROGRAM.

AFFIDAVIT

I hereby authorize _____ to release, orally or in writing as may be requested, all student
(name of institution or organization)
records and other personally identifiable information to the Office of the Superintendent of Public Instruction (OSPI) for the purpose of investigating and determining my eligibility for Washington State certification pursuant to RCW 28A.410, WAC 181-86, and WAC 181-87, as now or hereafter amended.

SIGNATURE OF APPLICANT

DATE



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
Professional Certification
Old Capitol Building, PO BOX 47200
OLYMPIA WA 98504-7200
(360) 725-6400 TTY (360) 664-3631 FAX (360) 586-0145
Web Site: <http://www.k12.wa.us/certification/>
E-Mail: cert@k12.wa.us

VERIFICATION OF GOOD STANDING FOR CERTIFICATES HELD IN OTHER STATES

COMPLETE SECTION A ONLY, AND INCLUDE THIS FORM IN YOUR APPLICATION PACKET. DO NOT SEND THIS FORM TO THE STATE(S) IN WHICH YOU HAVE BEEN CERTIFIED.

SECTION A Carefully complete information in Section A only, indicating certificate type and number when possible.

TO BE COMPLETED BY APPLICANT					
1. NAME		LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS					3. DATE OF BIRTH
CITY/STATE/ZIP					4. SOCIAL SECURITY NO. (OPTIONAL)
5. TELEPHONE BUSINESS ()					6. E-MAIL

I, _____ certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. I hereby allow the above-mentioned state(s) to release the information concerning my certificate to the Office of Superintendent of Public Instruction.

Signature

Date

SECTION B

WASHINGTON STATE CERTIFICATION OFFICE WILL PROCESS THE REMAINDER OF THIS FORM (IF NECESSARY)

The individual noted above holds or has held certification in your state. Washington Administrative Code requires that we have a statement from you confirming that none of his/her certificates held in your state have been suspended, surrendered, or revoked. DO NOT RETURN QUESTIONNAIRE TO APPLICANT.

☐

I confirm that the above-named individual has never had a certificate suspended, surrendered, or revoked in this state.

☐

I confirm that the above-named individual has had a certificate suspended, surrendered, or revoked. I have attached explanatory materials which fully disclose the reasons for such action. (Permission to provide this information is granted in the center portion of this form.)

AGENCY		DATE
ADDRESS	SIGNATURE	
	TITLE	



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
Professional Certification
OLD CAPITOL BUILDING, PO BOX 47200
OLYMPIA WA 98504-7200
(360) 725-6400 TTY (360) 664-3631
Web Site: www.k12.wa.us/certification/
E-Mail: cert@k12.wa.us

APPROVAL OF CANDIDATE FOR INTERN SUBSTITUTE CERTIFICATE

Complete Section A of this form. Send it to the education department of the college/university where you are currently completing your teacher preparation and certification program. This form, when returned to you, is to be included with your application packet.

SECTION A

TO BE COMPLETED BY APPLICANT				
1. NAME	LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS				3. DATE OF BIRTH
CITY/STATE/ZIP				4. SOCIAL SECURITY NO. (OPTIONAL)
5. TELEPHONE: BUSINESS () HOME ()				6. E-MAIL

SECTION B

TO BE COMPLETED BY COLLEGE/UNIVERSITY	
<p>The above-named is an applicant for an intern substitute certificate in Washington State. Complete information in Section B regarding this applicant. To be valid, this form must be signed by the dean of the college or school of education, the certification officer, the chairman of the education department, or the dean's designee at the institution where the applicant is currently completing his/her teacher preparation and certification program. A stamped signature must be initialed by the person using the stamp. RETURN THIS FORM TO THE APPLICANT.</p>	
A. Is the applicant currently enrolled in your state-approved teacher education program? A. <input type="checkbox"/> YES <input type="checkbox"/> NO	
B. Anticipated date of program completion. _____	
C. Applicant is assigned for student teaching to _____ (district) during the period _____ to _____.	
D. Major area(s) in which applicant will be recommended: _____	
E. Additional area(s) applicant may be eligible to teach: _____	
F. Do you have knowledge that the applicant has been arrested, charged, or convicted of any crime or has a history of any serious behavioral problems? YES <input type="checkbox"/> NO <input type="checkbox"/> List any reason you know of why this applicant should not be certified in Washington. _____	
G. Do you approve the applicant as a candidate for the Intern Substitute Certificate? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF COLLEGE/UNIVERSITY	DATE
ADDRESS	By signing this form I attest that the above information is true and accurate to the best of my knowledge.
CITY/STATE/ZIP	
TELEPHONE () E-MAIL	
NAME (PRINTED) AND TITLE (Chair of Education Department/Certification Officer)	

RETURN COMPLETED FORM TO THE APPLICANT



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
Professional Certification
Old Capitol Building, PO BOX 47200
OLYMPIA WA 98504-7200
(360) 725-6400 TTY (360) 664-3631
Web Site: <http://www.k12.wa.us/certification/>
E-Mail: cert@k12.wa.us

DISTRICT REQUEST FOR INTERN SUBSTITUTE CERTIFICATE

SECTION A

TO BE COMPLETED BY APPLICANT				
1. NAME	LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS				3. DATE OF BIRTH
CITY/STATE/ZIP				4. SOCIAL SECURITY NO. (OPTIONAL)
5. TELEPHONE: BUSINESS () HOME ()				6. E-MAIL

SECTION B

TO BE COMPLETED BY DISTRICT SUPERINTENDENT OR PERSONNEL DIRECTOR ONLY

IMPORTANT

WAC 181-79A-231(6) Intern substitute teacher certificate.

School districts and approved private schools may request intern substitute teacher certificates for persons enrolled in student teaching/internships to serve as substitute teachers in the absence of the classroom teacher. The supervising college or university must approve the candidate for the intern substitute teacher certificate. Such certificated substitutes may be called at the discretion of the school district or approved private school to serve as a substitute teacher only in the classroom(s) to which the individual is assigned as a student teacher/intern. The intern substitute teacher certificate is valid for one year, or less, as evidenced by the expiration date which is printed on the certificate.

To be signed by the superintendent of schools, personnel director, or private school administrator.

I understand that persons with an intern substitute certificate may be assigned as a substitute only in the absence of his/her designated cooperating/mentor teacher(s).

I hereby request that _____ be granted certification for service to be performed in the _____ in the classroom(s) in which student teaching is to be performed.
(applicant's name)
(school district/ESD/private school)

NAME OF SCHOOL/ESD/PRIVATE SCHOOL		DATE
ADDRESS		
TELEPHONE ()	NAME (PRINTED)	
E-MAIL	SIGNATURE	