



STUDENT TEACHER APPLICATION

One Larkin Center
Yonkers, New York 10701

Tel. 914 376-8075
Fax 914 376-8589

FULL SEMESTER

Dear Applicant:

Thank you for selecting the Yonkers Public Schools as your choice to do your student teaching. Please fill out Section 1 of the form below and have it signed by your college / university official. Attach to this form, on official school letterhead with your supervisor's request for you to do your student teaching in the Yonkers Public Schools, indicating beginning dates and completion dates, also number of hours per day. Upon completion, please return both the letter and this form to the Personnel Office.

SECTION I

Name: _____ Tel. No. _____

Address: _____
Street City State Zip Code

College: _____ Tel. No. _____

Address: _____
Street City State Zip Code

Supervisor in Charge of Student Training: _____

School Preferred: _____ Subject / Grade: _____

Beginning Date: _____ Completion Date: _____

Day(s) of Week: _____ Hours Per Day: _____

Signature of College / University Official: _____

SECTION II

PLEASE DO NOT WRITE IN THIS SPACE

Begin: ___/___/___ End: ___/___/___

Assigned to: School: _____ Cooperating Teacher: _____

Address: _____
Street City State Zip Code

APPROVED: _____ Date: _____
Director, Personnel/Human Resources

cc: Personnel, Principal, Cooperating Teacher, Student Teacher, College / University

SECTION III

TO BE COMPLETED AND RETURNED TO THE PERSONNEL DEPARTMENT AFTER STUDENT TEACHING IS COMPLETED FOR FULL SEMESTER FOR ACCRUING OF TWO IN-SERVICE CREDITS BY COOPERATING TEACHER.

Student's Signature: _____ Date: _____

Cooperating Teacher's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Director, Personnel/Human Resources: _____ Date: _____

cc: Personnel, Principal, Cooperating Teacher, Student Teacher, College / University