**New Teacher Registration Form**

Please fill out this form and send to Jeanne Stietz (jstietz@archphila.org) and your appropriate
Asst. Superintendent. **Be sure to keep a copy for your own files.**

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| **Submitted By**: Enter Name of Person Submitting this Form | **Date:** Select Date |
| **School:** Enter School | **County:** Select County |
| **Principal:** Enter Principal Name | **Email:** Enter Email | **Phone:** Enter Phone # |

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| **Teacher Name:** Enter Teacher Name(*include Maiden Name*) | **SS#:** Enter SS # |
| **Start Date:** Select Date | **Full-Time** [ ]  **Part-Time** [ ]  **LTS** [ ]  |
| **Teacher Address:** Enter Teacher Address. |
| **City:** Enter City. | **State:** Enter State | **Zip Code:** Enter Zip Code |
| **Email:** Enter Email | **Cell Phone:** Enter Cell Phone | **Home Phone:** Enter Home Phone |
| **Grades/Subjects:** Enter Grades/Subjects | **Application Type:** Application Type |
| **Degree or Number of Credits:** Degree or # of Credits | **Entering** Enter # of Teaching Years **Years of Teaching** |

**Information About School Where Teacher Last Taught (if applicable)**

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| --- | --- |
| **School:** Enter School | **Dates Taught: from** Select Date **to** Select Date |
| **School Address:** Enter School Address |