



LIBERTY ELEMENTARY DISTRICT #25

**19871 W. Fremont
BUCKEYE, ARIZONA 85326
(623) 474-6600
(623) 474-6629 Fax**

**AN
EQUAL
OPPORTUNITY
EMPLOYER**

STUDENT INTERN PROFILE

Welcome to the Liberty District. We are excited you have chosen to observe and/or student teach with us. The Liberty District has been committed to student success for over 100 years. We are proud of our staff and the excellent educational opportunities that every student receives. Please fill out the information below to help us invite you into our District as a Student Teacher/ Intern. All requests for place must be arranged through the Educational Services Department. Candidates will be notified of acceptance and location of placement. Please do not contact the schools or teachers directly. Thank you.

Name: _____ **DATE:** _____

TELEPHONE _____ CELL: _____

ADDRESS

(STREET) (CITY) (STATE) (ZIP CODE)

EMAIL _____

LIST THE NAME, ADDRESS, AND TELEPHONE NUMBER OF PERSON TO BE CONTACTED IN CASE OF EMERGENCY. (MUST BE COMPLETED)

NAME _____ TELEPHONE _____

Preferred School to student teach at:

- ESTRELLA MTN FREEDOM LIBERTY RAINBOW VALLEY
- WESTAR NO PREFERENCE

Preferred Subjects/Grade Levels: _____ Preferred Teacher: _____

Degree you are earning: _____

Endorsements you are working towards or you have earned: _____

Your projected graduation date: _____

How did you hear about us? _____ College Counselor _____ Liberty Employee _____ Website _____ Newspaper

Other: _____

FINGERPRINT CLEARANCE CARD (FRONT AND BACK) and STATE-ISSUED PHOTO ID: **(MUST ATTACH A COPY)**

CLEARANCE CARD: EXPIRATION DATE: _____ or BEING PROCESSED _____

EDUCATION:

| | NAME OF SCHOOL | LOCATION | DATES ATTENDED | DEGREE EARNED | DATE EARNED |
|---------------|----------------|----------|----------------|---------------|-------------|
| HIGH SCHOOL | | | | | |
| UNDERGRADUATE | | | | | |
| GRADUATE | | | | | |

School/ program/ class requiring this placement: _____

Name of counselor or advisor who is directly responsible for your placement: _____

Phone Number of counselor or advisor: _____

Dates requesting placement: Start date _____ End by date _____

Number of hours needed to complete requirements: _____

Areas of required hours: (i.e. 10 hrs. in special education; 10 hrs. in PE; 25 hrs. with ELL, 10 hrs. tutoring)

Other special directions or needs to help you fulfill this requirement: _____

Special equipment or accommodations needed to complete this requirement: _____

All Student Interns of the Liberty School District are expected to conduct themselves in a manner consistent with effective and orderly education and to protect students and District property. No Student Intern shall, by action or inaction, interfere with or disrupt any District activity or encourage any such disruption or provoke any such action that would impede the learning process. I hereby certify that signing below, the above information is accurate and true and I agree to adhere by the Code of Conduct established for the Liberty School District.

Signature: _____

Date: _____

**You will receive a phone call or email for an appointment to come to the Liberty District Office for further paperwork and a short orientation upon completion of materials and acceptance into the district program.

Mail, Fax, or E-mail application and documentation to:

Allison Paterno

Educational Services, District New Teacher Mentor

19871 W Fremont

Phone: 623-474-6654 Fax: 623-474-6629

Buckeye, AZ 85326

email: apaterno@liberty.k12.az.us

To be completed by the HR Dept. at Liberty School District #25

| | | |
|-----------------------|-------------------|---|
| Assigned School: | Assigned Teacher: | Approved by: |
| DPS FPC card on file: | ID Badge: | Code of Conduct/Affidavit/Technology User Agreement/Driver's License on File: |