



Student Service Learning Placement Information

Instructions for Student: Please complete this form and return it along with a copy of your driver's license and DPS Fingerprint Card to either the Human Resources Department or you may send these items electronically to lharriso@goaj.org. Your request for placement will be reviewed as soon as this information has been received.

Student Name: _____ Social Security Number: _____

Address: _____ City/State/Zip Code: _____

College/University attending: _____

Academic Advisor or Counselor: _____ Telephone: _____

E-Mail Address: _____

Placement requested: Observation Internship Student Teaching

Subject and/or Grade Level placement requested: _____

Number of clock hours requested: ____ Number of weeks requested: ____

Weekdays you are available: Mon Tues Wed Thurs Fri

Last date to complete observation(s): _____

School requested: _____ Teacher requested: _____

(Please note: your request for a specific school or teacher does not guarantee that you will be placed there. Placements are offered with the principal's approval only. We will attempt to place you in a comparable classroom if your first choice is unavailable.)

DPS Fingerprint Card issue date: _____ Expiration date: _____

By signing this form, I authorize the District to verify the status of my DPS fingerprint clearance card.

Applicant signature: _____ Date: _____