

**REQUEST FOR SUMMER SCHOOL  
TEACHER ASSIGNMENT  
SHELBY COUNTY SCHOOL SYSTEM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

Home Telephone Number: \_\_\_\_\_

Current School Assignment: \_\_\_\_\_

Years Service with Shelby County: \_\_\_\_\_ In Current Assignment \_\_\_\_\_

Grade/Subject Assignment: \_\_\_\_\_

Degree Certification: \_\_\_\_\_

Indicate Subjects And/or Grade Levels in Which you are Certified to Teach: \_\_\_\_\_

Have you previously worked in Summer School? \_\_\_\_\_ Yes \_\_\_\_\_ No

If So, When? \_\_\_\_\_ Position \_\_\_\_\_

Personal Attributes, Skills and Talents that you would Contribute to Summer School:
_____
_____
_____
_____
_____
_____
_____

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date