



MESA PUBLIC SCHOOLS
Teacher Training Program
APPLICATION FOR ADMITTANCE

Student's Name _____ Student # _____
(6-digit)

Address _____ City _____ ZIP _____

School _____

Home Phone _____ Other phone _____ E-mail Address _____

Date of Birth _____ Age _____ Driver's License Yes _____ No _____

Parent's or Guardian's Name _____ Parent's Work Phone _____

Current grade (10 or 11) _____ Cumulative G.P.A. _____

Approximate # of absences last semester: _____

Previous experience working with children (can include babysitting, volunteer work, etc.) _____

Why do you want to be in the Teacher Training Program? _____

What are your long-term career goals? _____

Where do you plan to attend college? _____

If accepted into this program, I will meet the attendance and participation responsibilities in such a manner that will do honor to both my school and myself. Throughout the course, I will continually strive to do a good job and gain more information, which will prepare my for my ultimate career goal. I also understand that membership and participation in the related student organization is a required portion of the program.

Date _____ Student Signature _____

Please return this completed form to Ms. Lange, Room 101.