

SOUTH SHORE REGIONAL SCHOOL BOARD

Program for Aspiring and New Resource Teachers Registration Form:

Please Print:

Name: _____

School: _____

School phone: _____ **Email:** _____

Home phone: _____

Position this school year: _____

Length of time in this particular assignment: _____

Recent significant PD, including dates (i.e. courses, degree, etc.)

Your interest in taking this program: (A short paragraph):

Signatures:

Teacher: _____ **Date:** _____

School Administrator: _____ **Date:** _____

(Signature denotes awareness that there is the mentoring component which will take the participant out of their school or classroom for 2 days)

Please return by October 1, 2014