

**FERNDALE AREA SCHOOL DISTRICT**

**STUDENT TEACHERS**

(To be completed by Principal)

*All STUDENT TEACHERS must submit PA State Police Criminal Record Check, PA Child Abuse History Clearance, Federal Criminal History Record Check which indicate no criminal activity; PDE-6004 Form (Arrest/Conviction Report and Certification Form); Ferndale Area School District AUP Signoff Form (Technology, Telecommunications and Internet Acceptable Use); and a Health Examination.*

**Student Teacher:** \_\_\_\_\_

**College:** \_\_\_\_\_

**School:** (please circle)                      **Elementary**                      **Junior/Senior High**

**Cooperating Teacher:** \_\_\_\_\_

**Grade or Subject Area:** \_\_\_\_\_

**Term:** (Include dates - beginning and ending dates)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Date of:)

- \_\_\_\_\_ PA State Police Criminal Record Check
- \_\_\_\_\_ PA Child Abuse History Clearance
- \_\_\_\_\_ Federal Criminal History Record Check
- \_\_\_\_\_ PDE-6004 – Arrest/Conviction Report and Certification Form
- \_\_\_\_\_ AUP Signoff – Technology, Telecommunications, and Internet Acceptable Use
- \_\_\_\_\_ Health Examination

\_\_\_\_\_  
(Signature of Principal)

\_\_\_\_\_  
(Date)

*Originals to be filed in the Principal's Office. All paperwork must be received in the Principal's Office before Board approval. Please submit a copy of this form to the Administrative Office for Board approval.*