

LEBANON SCHOOL DISTRICT

1000 SOUTH EIGHTH STREET • LEBANON, PA 17042

INTERN APPLICATION

Date: _____

Name: _____ Phone number: _____

Street Address: _____

City, State, Zip Code: _____ Email address: _____

Emergency Contact Information:

1. Name: _____	2. Name: _____
Relationship: _____	Relationship: _____
Phone Number: _____	Phone Number: _____

Intern Signature: _____ Date: _____

Assignment Information: (*circle one*) Internship Observation Student Teaching

Assignment Type:

Examples: Elementary Ed, Classroom, Special Ed Classroom, Business Office, Technology dept., Psychology, Speech/Language, counseling, Clerical, Maintenance

Dates of placement & Total Hours _____, _____

Location and Contact Phone Number: _____

Lebanon School District Mentor Signature: _____ Date: _____

Lebanon School District Supervisor Signature: _____ Date: _____

**** ALL INFORMATION IS REQUIRED with CONFIDENTIALITY STATEMENT ****

REQUIREMENTS BELOW ARE MANDATORY on placements more than 2 days/10 hrs.

Tuberculin Test-----	Date Completed: _____
Act 151 Child Abuse History -----	Date Completed: _____
Act 34 PA Criminal Record Clearance-----	Date Completed: _____
Act 114 FBI Federal Criminal History Record-----	Date Completed: _____