

Local District Teaching Permit – District of Innovation

Applicant Information

Last Name	First Name	TEA ID or Social Security Number
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Principal Request

___ This is a request for to allow a certified teacher to teach a subject and/or grade level out of their field.

___ This is a request to allow an individual with experience in a career and technology field to teach a vocational skill or course.

Subject(s) or Course(s) the Person Will Teach	Grade Level Range	CTE Course	Parent Notification Required

Qualifications for Assignment

Specify the reason for this request. How is this candidate qualified to teach the requested subject/course? If this is a Career and Technology field, what background, experience, skills or work related, industry experience do they have to work in this area?

Principal and Program Affidavit

"I have been unable to secure an individual certified in the assigned subject. The individual named above is the best qualified individual for this assignment. All qualifications of this applicant and statements made on this application are true and correct to the best of my knowledge."

Signature of Program Manager	Date
Signature of Campus Principal	Date

Applicant's Affidavit

*"I accept this assignment and consent to the activation of this assignment permit."
"I have been advised and understand that is permit is valid for the current school year."*

Signature of Program Manager	Date
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Section D – Superintendent

REQUEST IS: APPROVED DENIED	
Signature of Superintendent	Date