



Corsicana Independent School District

Observation Request Registration

Please Complete the information requested below

Date of request: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Number of Observation Hours Requested: _____ Grade Level Requested: _____

Subject Area Requested: _____

Alternative Program Candidate

NAME of ALTERNATIVE PROGRAM: _____

Current Student

Name of College/University: _____

Additional Comments:

Please Allow 10 Working Days for your observation request to be processed once all documents have been submitted/received.

Email required documents to:

Shelby Curl

scurl@cisd.org

Fax: 903-874-7403

Address: Corsicana High School
3701 West Highway 22
Corsicana, Texas 75110



Student Teacher
Observation/placement Request
Criminal History Authorization Form
Addendum to Application
(Confidential)

The Corsicana Independent School District Board Policy DBAA (Legal) requires certain prospective student teachers to sign a statement allowing the District to obtain criminal history record information. A portion of the Board Policy reads as follows:

A student teacher may not perform any students teaching until:

1. The student teacher has provided to a district a driver's license or another form of identification containing the person's photograph issued by an entity of the United States government; and
2. The district has obtained from DPS all CHRI that relates to a student teacher. A district may all obtain CHRI relating to a student teacher from any other law enforcement agency, criminal justice agency, or private consumer-reporting agency. A District may require a student teacher to pay any cost related to obtaining the CHRI.
Education Code 22.0835

The University or Program Director shall inform the prospective student teacher when their services are to begin, **which will not occur until after review of the individual's criminal history records.**

PLEASE PRINT:

College/University: _____ Email: _____

Full name: _____
Last First Middle

Address: _____ City,State,Zip : _____

Date of Birth: _____ Female: _____ Male: _____ Ethnicity: _____
MM/DD/YYYY

I understand the information I am providing about age, sex, and ethnicity will be used solely for the purpose of obtaining criminal history record information for my service as a student teacher for the district.

I hereby consent to your obtaining the above information from the agency; and I agree that such information which the agency has or obtain, may be supplied by you to the agency for release to other companies which subscribe to the agency's service.

Signature

Date

IMPORTANT: NEEDS TO BE COMPLETED AND EMAILED TO SHELBY CURL at scurl@cisd.org