

Application for Teaching Waiver

When an individual does not meet the minimum requirements for employment (Diocesan Policy #4211), the principal may submit an APPLICATION FOR WAIVER to the Catholic Education Office.

SCHOOL INFORMATION

Principal Name _____ Date _____

School Name _____ Location _____

TEACHER INFORMATION

Name _____ Phone _____

Address _____

City, State, Zip _____

Grade Level/Subject _____ Full Time/Part Time _____

This applicant holds a 4-year college degree or higher – please check all that apply:

- Bachelor of Arts in _____
- Bachelor of Science in _____
- Master of Arts in _____
- Other _____

REASON FOR THE WAIVER

EXPERIENCES/RELATIONSHIP TO TEACHING POSITION

PLAN FOR CERTIFICATION

This waiver must be reviewed annually until the employment requirements are met.

Principal's Signature _____ Teacher's Signature _____ Date _____

Superintendent's Signature _____ Date _____