

ARIN IU 28 GUEST TEACHER APPLICATION

Submit to: ARIN IU 28 Curriculum Office, 2895 W. Pike, Indiana, PA 15701-9769

Be sure to enclose check made out to "ARIN Guest Teacher Program" (or a money order with the "Pay to" line left blank) for \$25.

If you attend both days of the Guest Teacher Orientation (see our website for dates and times), as required, this check will be returned to you on the afternoon of the second day. ARIN will cash the check only if you do miss one or both days. In that event, if your check is returned due to insufficient funds, you will be charged an additional \$7.

(PLEASE PRINT USING BLACK INK OR TYPE)

NAME				
	LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
Name you would like on your name tag (e.g., nickname), if different from above:				
PRESENT ADDRESS				
		STREET		(AREA CODE) TELEPHONE
		CITY	STATE	ZIP CODE
PERMANENT ADDRESS				
COMPLETE ONLY IF		STREET		(AREA CODE) TELEPHONE
DIFFERENT FROM ABOVE				
		CITY	STATE	ZIP CODE
ACT 114 (FEDERAL CRIMINAL HISTORY RECORD) PA ID# (SEE #3 ON P. 4 OF THIS APPLICATION)				
E-MAIL ADDRESS (IF AVAILABLE)				

OFFICE USE ONLY:		(<input type="checkbox"/> indicates ARIN attaches copy to packet)
Check # _____ rec'd for \$25, made out to ARIN.	Check returned, pending Orientation attendance: _____ (initial)	
Original Sealed Transcripts Verified – Bachelor's Degree Conferred: _____ (initial)/ <input type="checkbox"/>		
Guest Teacher Preference Form Completed: <input type="checkbox"/>	(Modified) PDE 338-G Completed: _____ (initial)	
W-4 Form Completed: <input type="checkbox"/>	Guest Teacher Orientation Dates: _____ (dates)	
Act 34 Clearance Original Verified: _____ (date)/ <input type="checkbox"/>	Interview & Reference Check Completed _____ (initial)	
Act 151 Clearance Original Verified: _____ (date)/ <input type="checkbox"/>	Classroom Observation Form Completed: <input type="checkbox"/>	
Act 114 Federal Criminal History Receipt: <input type="checkbox"/>	Emergency Permit Obtained: _____ (date)/ <input type="checkbox"/>	
School Personnel Health Record: <input type="checkbox"/>	Packet Emailed to "Preference" District(s): _____ (date)	
Act 114 Federal Criminal History Verified for ARIN: _____ (initial)		
EACH EMPLOYING DISTRICT MUST ALSO VERIFY/COMPLETE THE FOLLOWING:		
Act 114 Federal Criminal History Verified: _____ (initial)		
OTHER: _____	OTHER: _____	

EDUCATIONAL BACKGROUND

	SCHOOL OR INSTITUTION AND LOCATION	MAJOR/ MINOR	DIPLOMAS, DEGREES OR CREDITS EARNED	GRADE POINT AVERAGE (GPA)
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				
GRADUATE STUDY				
GRADUATE STUDY				