

**PLACEMENT APPLICATION FORM**

Fairfax County Public Schools  
Central Administration Building  
Recruitment Office  
8115 Gatehouse Road  
Falls Church, VA. 22042

<b>APPLICATION FOR (Check one)</b> <input type="checkbox"/> <b>STUDENT TEACHING</b> <input type="checkbox"/> <b>PRACTICUM (Circle one of the following)</b> <input type="checkbox"/> <b>INTERNSHIP (Circle one of the following)</b> Yr. Long Counseling Administration Other <b>SCHOOL YEAR</b> _____ <b>SEMESTER (Circle one of the following)</b> Fall     Spring     Summer
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**DIRECTIONS: PLEASE TYPE OR PRINT CLEARLY**

**DATE OF APPLICATION** \_\_\_\_\_

**NAME** \_\_\_\_\_

Last	First	Middle Initial	Last Four Digits of SS#:
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**CURRENT ADDRESS** \_\_\_\_\_

Street	City	State	Zip
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**CURRENT PHONE** Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**ADDRESS DURING STUDENT TEACHING** \_\_\_\_\_

Street	City	State	Zip
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**LIST ANY FAIRFAX COUNTY PUBLIC SCHOOLS YOU ATTENDED:  
ALSO, LIST ANY SCHOOLS IN WHICH IMMEDIATE FAMILY MEMBERS ARE EMPLOYED OR YOUR CHILDREN ATTEND:**

\_\_\_\_\_ **PROJECT DIRECTOR/  
COLLEGE/UNIVERSITY:** The George Washington University **ADVISOR'S SIGNATURE** \_\_\_\_\_

**CERTIFICATION AREA:** \_\_\_\_\_ **ENDORSEMENT:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED: ATTACH COPY OF TRANSCRIPTS, RESUME, AND TB TEST RESULTS**

**FOR UNIVERSITY USE ONLY**

**RECOMMENDATION FOR FIRST PLACEMENT**

**School: (Optional)**  
\_\_\_\_\_

**Subject/Grade Level(s):**  
\_\_\_\_\_

**Beginning and Ending Dates:**  
\_\_\_\_\_

**Cooperating Teacher(s): (Optional)**  
\_\_\_\_\_

**COMMENTS:**  
\_\_\_\_\_

**RECOMMENDATION FOR SECOND PLACEMENT  
(IF APPLICABLE)**

**School: (Optional)**  
\_\_\_\_\_

**Subject/Grade Level(s):**  
\_\_\_\_\_

**Beginning and Ending Dates:**  
\_\_\_\_\_

**Cooperating Teacher(s): (Optional)**  
\_\_\_\_\_

**COMMENTS:**  
\_\_\_\_\_