

**UNION COUNTY PUBLIC SCHOOLS
2009 SUMMER SCHOOL PROGRAM**

	TRADITIONAL	ELEMENTARY YEAR-ROUND	MIDDLE SCHOOL EXTENDED
DATES: Teachers	June 22 – July 16	June 11 – July 3	June 15 – July 24
Students	June 24 – July 15	June 15 – July 2	June 16 – July 23

LENGTH OF WORKDAY: 7:30 a.m. – 2:15 p.m.

LENGTH OF STUDENT DAY: 8:00 a.m. – 1:30 p.m.

RATE OF PAY: State Salary Schedule according to experience
(90% due to reduced time)

LOCATION: To Be Announced

STUDENTS: Grades 3-8 students who do not meet state standards
Grades 9-12 in courses or exit standards required for graduation

APPLICATION PROCESS: Fax applications to one of the following:

ELEMENTARY	MIDDLE	HIGH	EC
Lynette Parker Fax: 704-283-8419	Mandy Stegall Fax: 704-283-8419	Debbie Steppe Fax: 704-283-8419	Janie Webb Fax: 704-282-2073

SITE ADMINISTRATORS: Fax applications to Mandy Stegall at 704-283-8419.

SELECTION PROCESS: The Instructional Division Staff will review all applications and conduct interviews as necessary.

Mrs. Nancy Addison
Director of Secondary Education

Mrs. Lori Cauthen
Director of Elementary Education

Mrs. Wanda Greene
Director of Middle School Education

Mrs. Jane McNeely-Sowell
Director of Federal Programs (ESL)

Dr. Nancy Turner
Director of Programs for Exceptional Children

APPLICATION DEADLINE: March 11, 2009

AN EQUAL OPPORTUNITY EMPLOYER

UNION COUNTY PUBLIC SCHOOLS
2009 SUMMER SCHOOL
TEACHER APPLICATION

ELEMENTARY SCHOOL		MIDDLE SCHOOL		HIGH SCHOOL	
<u>TRADITIONAL</u>	<u>YEAR-ROUND</u>	_____	REGULAR EDUCATION	_____	REGULAR EDUCATION
_____	REGULAR EDUCATION	_____	EXTENDED SUMMER SCHOOL		
_____	ASSISTANT	_____			

NAME: _____
LAST
FIRST
MIDDLE

HOME ADDRESS: _____
STREET/ROUTE/BOX
CITY
STATE
ZIP

HOME TELEPHONE NUMBER: _____

CURRENT EMPLOYMENT LOCATION: _____

CURRENT TEACHING ASSIGNMENT/GRADE(S): _____

SUBJECT AREA(S): _____

AREA(S) OF LICENSURE: _____
(If you are not currently employed with Union County Public Schools, please attach a copy of your teaching license.)

LICENSURE EXPIRATION DATE: _____

YEARS OF TEACHING EXPERIENCE: UNION COUNTY _____ YEAR(S) OTHER _____ YEAR(S)

HAVE YOU TAUGHT SUMMER SCHOOL IN UNION COUNTY BEFORE? _____ YEAR(S) _____

LIST GRADE(S) AND/OR SUBJECT AREA(S) FOR WHICH YOU ARE APPLYING TO TEACH: _____

ELEMENTARY AND MIDDLE SCHOOL TEACHERS, PLEASE RANK YOUR 1ST, 2ND, AND 3RD CHOICES.
 SOME CLUSTERS MAY HAVE TO BE COMBINED.

_____ EAST UNION CLUSTER	_____ PIEDMONT CLUSTER
_____ MARVIN RIDGE/PARKWOOD CLUSTER	_____ PORTER RIDGE CLUSTER
_____ MONROE CLUSTER	_____ SUN VALLEY/WEDDINGTON CLUSTER

Your preference will be considered, but district needs will take priority.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. I ALSO UNDERSTAND THAT DAILY ATTENDANCE, INCLUDING WORKDAYS, IS EXPECTED AND I DO NOT PLAN TO BE ABSENT.

Signature

Date

APPLICATION DEADLINE IS MARCH 11, 2009
FAX: 704-283-8419
AN EQUAL OPPORTUNITY EMPLOYER

UNION COUNTY PUBLIC SCHOOLS
2009 SUMMER SCHOOL
TEACHER APPLICATION

EXCEPTIONAL CHILDREN'S PROGRAM			
<u>ELEMENTARY TRADITIONAL</u>	<u>ELEMENTARY YEAR-ROUND</u>	<u>MIDDLE SCHOOL</u>	<u>EXTENDED MIDDLE SCHOOL</u>
_____ SELF-CONTAINED	_____ SELF-CONTAINED	_____ SELF-CONTAINED	_____ SELF-CONTAINED
_____ SELF-CONTAINED ASSISTANT	_____ SELF-CONTAINED ASSISTANT	_____ SELF-CONTAINED ASSISTANT	_____ SELF-CONTAINED ASSISTANT

NAME: _____

LAST
FIRST
MIDDLE

HOME ADDRESS: _____

STREET/ROUTE/BOX
CITY
STATE
ZIP

HOME TELEPHONE NUMBER: _____

CURRENT EMPLOYMENT LOCATION: _____

CURRENT TEACHING ASSIGNMENT/GRADE(S): _____

SUBJECT AREA(S): _____

AREA(S) OF LICENSURE: _____
(If you are not currently employed with Union County Public Schools, please attach a copy of your teaching license.)

LICENSURE EXPIRATION DATE: _____

YEARS OF TEACHING EXPERIENCE: UNION COUNTY _____ YEAR(S) OTHER _____ YEAR(S)

HAVE YOU TAUGHT SUMMER SCHOOL IN UNION COUNTY BEFORE? _____ YEAR(S) _____

LIST GRADE(S) AND/OR SUBJECT AREA(S) FOR WHICH YOU ARE APPLYING TO TEACH:

ELEMENTARY AND MIDDLE SCHOOL TEACHERS, PLEASE RANK YOUR 1ST, 2ND, AND 3RD CHOICES. SOME CLUSTERS MAY HAVE TO BE COMBINED.

_____ EAST UNION CLUSTER	_____ PIEDMONT CLUSTER
_____ MARVIN RIDGE/PARKWOOD CLUSTER	_____ PORTER RIDGE CLUSTER
_____ MONROE CLUSTER	_____ SUN VALLEY/WEDDINGTON CLUSTER
<i>Your preference will be considered, but district needs will take priority.</i>	

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. I ALSO UNDERSTAND THAT DAILY ATTENDANCE, INCLUDING WORKDAYS, IS EXPECTED AND I DO NOT PLAN TO BE ABSENT.

Signature _____ *Date*

APPLICATION DEADLINE IS MARCH 11, 2009
FAX: 704-282-2073 ATTENTION: JANIE WEBB
AN EQUAL OPPORTUNITY EMPLOYER

**UNION COUNTY PUBLIC SCHOOLS
2009 SUMMER SCHOOL**

SITE ADMINISTRATOR APPLICATION

NAME: _____
LAST FIRST MIDDLE

HOME ADDRESS: _____
STREET/ROUTE/BOX CITY STATE ZIP

HOME TELEPHONE NUMBER: _____

SUMMER CONTACT NUMBER: _____

CURRENT EMPLOYMENT LOCATION: _____

CURRENT ASSIGNMENT: _____

AREA(S) OF LICENSURE: _____

(If you are not currently employed with Union County Public Schools, please attach a copy of your license.)

LICENSURE EXPIRATION DATE: _____

YEARS OF TEACHING EXPERIENCE: UNION COUNTY _____ YEAR(S)
OTHER _____ YEAR(S)

YEARS OF ADMINISTRATIVE EXPERIENCE: UNION COUNTY _____ YEAR(S)
OTHER _____ YEAR(S)

HAVE YOU TAUGHT SUMMER SCHOOL IN UNION COUNTY BEFORE? _____

HAVE YOU BEEN A SITE ADMINISTRATOR IN UNION COUNTY BEFORE? _____

PLEASE INDICATE YOUR 1ST, 2ND, AND 3RD CHOICES FOR ELEMENTARY AND MIDDLE SCHOOL SITES.
SOME CLUSTERS MAY HAVE TO BE COMBINED.

_____ EAST UNION CLUSTER	_____ PIEDMONT CLUSTER
_____ MARVIN RIDGE/PARKWOOD CLUSTER	_____ PORTER RIDGE CLUSTER
_____ MONROE CLUSTER	_____ SUN VALLEY/WEDDINGTON CLUSTER

Your preference will be considered, but district needs will take priority.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Signature

Date

APPLICATION DEADLINE IS MARCH 11, 2009
FAX: 704-283-8419 ATTENTION: MANDY STEGALL

AN EQUAL OPPORTUNITY EMPLOYER