



RITE Program Application

Please include a \$35.00 processing fee when submitting this application.

(Please complete thoroughly and type or print clearly)

Date of Application _____ Social Security Number _____

Certification Sought _____ Grade Level _____

Name

Last *First* *M.I.*

Current Address

Street/Box # *Apt. #*

City *State* *Zip*

Telephone Numbers

Home *Work* *Mobile*

E-Mail Address (at least one e-mail address is required)

Home *Work*

Personal Information

Are you a United States Citizen? Yes No

Are you a veteran of the United States Armed Services? Yes No

Education

School *Address* *From* *To* *Major* *Degree Received*

School *Address* *From* *To* *Major* *Degree Received*

School *Address* *From* *To* *Major* *Degree Received*

Teaching Experience

School *Address* *From* *To*

Administrator *Position* *Reason for Leaving*

Teaching Experience (continued)

School _____ Address _____ From _____ To _____

Administrator _____ Position _____ Reason for Leaving _____

School _____ Address _____ From _____ To _____

Administrator _____ Position _____ Reason for Leaving _____

Are you currently certified to teach in the state of Wisconsin? Yes No

If yes, in what areas _____

Do you currently have an emergency permit to teach? Yes No

If yes, issuing agency _____

Have you ever been granted any type of teaching permit in the state of Wisconsin? Yes No

Are you currently teaching in a K-12 classroom? Yes No

District _____ School _____

Grade Level _____ Subject Area _____

PRAXIS I and II

Have you taken the PRAXIS I test (PPST)? Yes No

If yes, please list your scores in the space to the right, and attach a copy of your scores. Math _____ Reading _____ Writing _____

If no, have you scheduled an exam date? Yes No Date _____

Have you taken the PRAXIS II test? Yes No

If yes, please list your score in the space to the right, and attach a copy of your score. _____

If no, have you scheduled an exam date? Yes No Date _____

Volunteer History (activities working with children)

Organization _____ Address _____ From _____ To _____

Position _____ Nature of Activity _____

Organization _____ Address _____ From _____ To _____

Position _____ Nature of Activity _____

Organization _____ Address _____ From _____ To _____

Position _____ Nature of Activity _____

Experiences With Children

Briefly describe your experiences with children and state your primary reason for wanting to become a teacher.

I submit this form (with the attached information) with the understanding that I will be required to meet local district employment requirements, and meet all admission requirements of the program. I also understand that if admitted, I would commit to:

- Successfully passing the PRAXIS I: PPST
- Successfully passing the PRAXIS II content assessment test in my intended teaching field
- Applying for any necessary emergency permits
- Satisfying any and all financial obligations of the program
- Completing all program requirements

I fully understand that participation in the program is contingent upon my status as Teacher of Record in my classroom, and that if for any reason I fail to maintain such status, I will not be able to continue in the program.

I certify the information provided in this application is true and complete to the best of my knowledge. Falsification of information on this application could jeopardize admission and enrollment. I authorize any schools or colleges I have previously attended to release personal and academic information to CESA 6.

Signature

Date

All qualified applicants receive consideration for employment without regard to race, color, religion, gender, sexual orientation, age, national origin or ancestry, disability or veteran status through CESA 6.

REGISTRATION FEE:

Registration fee will be paid by:

Check

Credit Card (if using a credit card, please provide the credit card number, expiration date and the 3-digit security code on the back of the card. We accept Discover, Mastercard, and Visa)

(If application fee to be paid by check, send your payment of \$35.00 to the CESA 6 PO Box address, attn: Donna Runice)