

PINELLAS COUNTY SCHOOLS
TEACHER TUTOR REGISTRATION FORM

APPLICANT INFORMATION

Name _____ Home Phone _____
Address _____ Work Phone _____
City/State/Zip _____ Email _____
Present School/School prior to retiring _____ Male Female

TEACHING INFORMATION (You must be a teacher with Pinellas County Schools or retired with current certification & Level 2 background screening.)

Florida Teaching Certificate Number _____ Expiration Date _____

Please include a copy of your teaching certificate with this information sheet.

GRADE LEVEL INTEREST

Primary (K-3) Intermediate (4-5)
 Middle School High School Post Secondary/Adult

List Specific Courses:

SUBJECTS

Reading/Language Arts _____
Mathematics _____
Science _____
Social Studies _____
Foreign Language _____
ACT/SAT/GED Prep. _____
FSA Prep. _____

Are you certified in Exceptional Education? Yes No

If yes, please indicate your area of specialization: _____

Geographic boundaries: (Area of county in which you are willing to travel) North Mid South
School Board policy prohibits the use of district facilities for this activity. Appropriate places to tutor include; your home, student's home, or a public library.

I understand the paid tutorial program constitutes my electing to be an independent contractor and that the School Board of Pinellas County, Florida is not responsible for liability claims should they occur. It is the responsibility of the parent/guardian to make contact with the tutor, make financial arrangements and schedule times and places for the tutor and their child to meet. School Board policy prohibits teachers from tutoring their own students for pay.

Teacher Signature _____
Date

As principal/District Administrator I verify that the above is presently employed as a teacher under my supervision.

Principal/District Administrator Signature _____
Date

RETURN TO: Student & Community Support Services
Administration Building