

THE
WESTFIELD
S C H O O L

Dear Prospective Substitute Teacher,

Thank you for your interest in serving The Westfield School in the important role of substituting for teachers during their necessary absences. This is a role that is vital to the ongoing quality of a school and the uninterrupted education of students. We appreciate your interest in Westfield and in Westfield students acknowledged by your desire to work with us.

Please complete ALL pages of the enclosed *Substitute Teacher Application* and the *Criminal History Consent Form* and return to The Westfield School, PO Box 2300, Perry, GA 31069, **Attn: Amy Caviness.**

The Westfield School is an independent school for students in grades Pre-kindergarten through twelve, with membership in the Georgia Independent School Association. The mission of The Westfield School is to provide a premier college preparatory education in a Christian environment.

If you have questions, you may contact Amy Caviness at (478)987-0547 Ext. 221 or by email at acaviness@westfieldschool.org.

Respectfully,

Amy Caviness

Upper School Administrative Assistant

Complete all pages and return to
The Westfield School, PO Box 2300, Perry, GA 31069. Attn: Amy Caviness

GENERAL INFORMATION

SpecialSkills/Qualities _____

Have you ever worked as a substitute teacher? (Circle one) YES NO If "Yes," describe your experience _____

Why do you wish to work as a substitute teacher at *The Westfield School*? _____

REFERENCES Give names of 2 persons not related to you, who have known you for at least 1 year

1. Name _____ Years acquainted _____

Contact Information (Mailing Address, Telephone, or Email address) _____

2. Name _____ Years acquainted _____

Contact Information (Mailing Address, Telephone, or Email address) _____

SIGNATURE OF AGREEMENT

By signing below, I certify that all the information submitted by me on this document is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, I will be subject to removal from the active substitute teacher roster.

My signature further assures that I agree to conform to and abide by the school's rules, regulations and expectations and to follow and execute the classroom teacher's rules and instructions, including the lesson plan for the term my substitute placement.

Signature of Applicant

Date

DO NOT WRITE BELOW LINE

Reviewed by _____

Date _____

Remarks _____

Approved for Substitute Call (Circle one) YES NO

Academic Dean Signature

Date

PERRY POLICE DEPARTMENT

CRIMINAL HISTORY CONSENT FORM

**Complete all pages and return to
The Westfield School, PO Box 2300, Perry, GA 31069, Attn: Amy Caviness**

I hereby authorize _____ KRISTINA TAYLOR, Chief Financial Officer, _____ representing

_____ THE WESTFIELD SCHOOL _____
(Name of Business)

to receive any and all criminal history records and information pertaining to me which may be in the files of any State or local criminal justice agency in Georgia.

(Please PRINT full name)

(Home address)

Race _____ Sex _____ Age _____ Date of Birth _____

Social Security Number _____

Signature _____ Date _____

(Applicant should not write below this line.)



**PERRY POLICE DEPARTMENT
PERRY, GEORGIA**

_____ I certify that I have conducted a criminal history check in accordance with GCIC Regulations on the person named above and the results were that, as of this date, this individual has no record on file.

_____ A Record on the person named above is attached.

Name _____ Date _____
(Full Name)

SID # _____