La Center Community Education
PO Box 1840
La Center, WA 98629
(360) 263-2015
sfirl@lcsd.k12.wa.us
www.lacenterschools.org

Instructor Application

Name_____

Address_____

City_____State_____Zip_____

Phone_____ Email:_____

Birthdate:_____

Person to notify in emergency: _____

Phone number_____ Cell number_____

I am Applying for:_____

My Experience for this is:_____

_____

Education (circle highest grade completed): 8 9 10 11 12
College 1 2 3 4

Need copy of Driver's License

I understand that I am applying to teach a in the La Center Community Education Program. I will abide by all the La Center School District policies. As well as the Drug, Alcohol, and Tobacco, Gun safety rules. I will remember that I need to set an example for the younger students.

I am under the direction of Staci Firl, the La Center Community Education Director. If there is any reason that I cannot fulfill my agreement with her I will contact her. I also certify that the above information is true and accurate.

Signature Date