

Lakehead District School Board

ADDITIONAL QUALIFICATION APPLICATION

Attach all required documentation. For Part 2 and Specialist courses include a completed Certification of Teaching Experience form. Return this form to Margaret Gerry, c/o Board Office or scan and e-mail to Margaret Gerry (Margaret_Gerry@lakeheadschools.ca).

1. Officially recognized surname		2. College of Teachers' Registration No. ____/____/____/____		3. Date of Birth Yr ____/____/____ Month____/____ Day____/____	
4. Former Surname (if Applicable)			5. Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____		
6. Given Names (in full)					
7. Mailing Address					
Apt.		No. and Street or P.O. Box		City/Town	
				Province	
				Postal Code	
8. Home/Cell Telephone No.		School Telephone No.		Preferred E-mail Address	
9. Post Secondary Institutions Attended/Being Attended		Degree Received or Expected		Year/ Month	
Years University Name City					
From					
To					
From					
To					
From					
To					
10. Attached Documentation					
<input type="checkbox"/> Certificate of Qualification			<input type="checkbox"/> Certification of Teaching Experience		
11. Payment					
<input type="checkbox"/> Credit Card/Debit (payable by phone or in person at Board Office ONLY - see receptionist)					
<input type="checkbox"/> Cash		<input type="checkbox"/> Cheque or Money Order (payable to Lakehead District School Board)		<input type="checkbox"/> Board Loan Form	
12. Course Selection					
Course Code		Course Title		Part (e.g. 1, 2, Specialist)	
EAQ _____		_____		_____	
EAQ _____		_____		_____	
If you are selecting two courses, do you intend to take both? <input type="checkbox"/> Yes <input type="checkbox"/> No Choice #2 is my second choice.					

I declare that all of the above data are correct and complete, and that I am aware that sanctions may be applied for a false declaration. The name shown on the top of this form is the complete name by which I am legally and currently known.

13. Applicant's Signature	14. Date