COAST UNIFIED SCHOOL DISTRICT

1350 Main Street
Cambria, CA 93428
805/927-3880

2010 Summer School Teaching Application for District Employee

Name: _____ _____
(Last) (First)

Address: _____

Home Telephone: _____ Work Telephone: _____

A. PREFERRED GRADE LEVEL

__ K/1 __ 2/3 __ 4/5 __ 6/7 __8-10

B. GENERAL INFORMATION

1. Grade level and subjects currently teaching: _____
_____

2. California credentials now held:

Name of Credential	Expiration Date
_____	_____
_____	_____

_____ _____
Signature Date