



# Peekskill City School District

## Student Teaching/Field Work Placement Request



First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Today's Date \_\_\_\_\_

E-mail address \_\_\_\_\_ Phone \_\_\_\_\_

Home address \_\_\_\_\_

College/University \_\_\_\_\_

Advisor's Name \_\_\_\_\_ Advisor's e-mail address \_\_\_\_\_

**Are you requesting a Student Teaching placement or do you need to complete Field Work Hours?**

☐ Student Teaching

☐ Field Work Hours

### PLACEMENT REQUEST

☐ Student Teaching

☐ Early Childhood Education (Grades Pre-K – 2)

☐ Childhood Education (Grades 3-6)

☐ Students with Disabilities (Grades Pre-K – 2)

☐ Students with Disabilities (Grades 3-6)

☐ Students with Disabilities (Grades 7-12) Subject Area \_\_\_\_\_

☐ Secondary (Grades 7-12) Subject Area \_\_\_\_\_

### STUDENT TEACHING OR FIELD WORK DATES

1<sup>st</sup> Placement Dates \_\_\_\_\_ 2<sup>nd</sup> Placement Dates \_\_\_\_\_

Comments regarding any unusual or necessary conditions for your student teaching request:

### FINGERPRINTING QUESTIONS

**Social Security #** \_\_\_\_\_

*By entering your social security number on this form, you authorize the Peekskill School District to obtain fingerprint clearance on your behalf from the New York State TEACH database.*

Have you been fingerprinted and cleared by the State Education Department after July 2, 2001?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you ever volunteered or been previously employed by Peekskill City Schools? If yes, please complete: <b>Dates</b> _____ <b>Position</b> _____ <b>Location</b> _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are any of your relatives employed by or attending the Peekskill City School District? If yes, please state the school _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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High School from which you graduated (Name & Location) \_\_\_\_\_



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#### **MORAL CHARACTER**

Please answer “**Yes**” or “**No**” to the following questions. If you answer “Yes” to any of the following questions 1 through 3, please set forth, on a separated piece of paper, detailed and truthful information concerning your responses. Then, sign and date your response and send as a separate attachment.

1. Have you ever been convicted of a crime (other than minor traffic violations)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are there any criminal charges pending against you for any offense (other than minor traffic violations)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has the Family court or any other court ever rendered a finding indicating that you have abused or neglected a child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### **APPLICANT'S STATEMENT**

I declare and affirm that the statements made in the foregoing application are true, complete and correct and have been made by me in order to volunteer in the Peekskill City School District with knowledge that they will be relied upon. I understand that any false or misleading statements will be considered justification for disqualification of my application or I will be unable to continue activities for which I have volunteered. I authorize an investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

#### **Title IX Coordinator & Compliance Coordinator**

Mr. Jamal Lewis  
1031 Elm Street  
Peekskill, NY 10566  
(914)737-3300 extension 1550  
[jlewis@peekskillschools.org](mailto:jlewis@peekskillschools.org)

#### **Section 504/ADA Coordinator**

Ellen Gerace  
1031 Elm Street  
Peekskill, NY 10566  
(914)737-3300 extension 1523  
[egerace@peekskillschools.org](mailto:egerace@peekskillschools.org)



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#### **STUDENT TEACHER STATEMENT AFFIRMING UNDERSTANDING**

I understand that information regarding students, families, staff, and the organization may be confidential in nature and that as a Student Teacher for the Peekskill City School District I will...

- respect the confidential nature of any verbal or written communication I receive regarding students, families, staff, and the organization and keep personal information confidential at school and after I leave school.
- be discreet in any verbal communication by not discussing students, staff, or families in front of others.
- immediately report directly to the principal or site administrator any information disclosed to me concerning a child's safety.
- make reasonable efforts to assure that each student is protected from harassment or discrimination and I will not harass nor discriminate against any student, staff member or volunteer on the basis of race, color, religion, sex, age, national or ethnic origin, political beliefs, marital status, handicapping condition, sexual orientation, or social and family background.

I also understand that relationships developed with children at school should remain at school and for the protection of both the student, staff and student teacher.

**Student Teachers are also reminded that permission to communicate with a student outside the regular school day must be granted by the student's parent/guardian; the Peekskill City School District cannot and will not grant this permission.**

I acknowledge access of School Board policy and procedure 4532, Prohibition of Harassment, Intimidation and Bullying listed on the District's website and/or accessible by [clicking here](#). I understand it is my responsibility to read and understand all materials provided to me. I further understand I agree to comply with all district, state and federal laws.

[Click here](#) to view Board Policy 4532 – School Volunteers

[Click here](#) to view Board Policy 0110.1R – Sexual Harassment of Student Regulations

If I have questions regarding any of the materials provided I understand I am to contact Mr. Jamal Lewis, Compliance Officer.

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Signature

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Print Name

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Date