

Richland Parish School System

Richland Summer Institute Application

P.O. Box 599
Rayville, Louisiana 71269

Telephone (318) 728-5964
Fax (318) 728-6481

Date _____ Social Security No. _____

Name: _____
Last First Middle Maiden

Address: _____
Street

City State Zip

Telephone: _____ Other Telephone: _____ Cell Phone: _____

Certification: State _____ Class (or Type) _____ Number _____

Areas of Certification: _____

Applying as: Site Innovator Curriculum Innovator Teacher

****May circle more than one.**

General Information

1. After filing an application, all applicants for this leadership position will then go through a vetting process; all qualifying applicants will be presented to the school system's principal for final recommendation for leadership.
2. Remember to submit a copy of your current teaching certificate and the completed screening activity at the end of this application.
3. Principals, supervisors and others listed in this application may be contacted for references.
4. Agreement to release of all personnel evaluation results is required to be considered for this professional development opportunity.
5. The Richland Parish School System does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. Richland Parish School Board is an equal opportunity employer.
6. If chosen as a participant I will be available to meet all expectations outlined in the RSI Flyer. Please note that all training dates are located in Richland Parish for teachers. Innovators will require training in New Orleans the second week of June.

If you agree to the terms outlined above sign here: _____

Teaching Experience

School Parish/District	Address (Please Provide Complete Address)	Telephone	Principal	Grade or Subject	# of Years	Dates

Are you currently under contract? Yes _____ No _____ If yes, expiration date _____
 Have you ever been discharged, requested to resign, or refused tenure? Yes _____ No _____
 If yes, please explain on separate page.
 Are you a retiree with the state of Louisiana? Yes _____ No _____ If yes, what type of retiree? (Circle One)

Professional/Leadership Activities

Professional Organizations, Committees, Presentations, Publications, Mentor Experience:

Certification of Payee

I certify that any stipend and travel request is just and true in all respects. I will repay the district 100 percent of all stipends and travel disbursed if I voluntarily resign prior to the start or during the 2020-2021 school year. I hereby agree to pay any and all balances due at that time to District in full upon demand. In the event I do not make such payment in full upon demand, I knowingly and voluntarily authorize District to deduct from my wages any amount owed by me to District under this agreement. Upon referral of this debt by District to an attorney, I further agree to pay attorney's fees in addition to the balance I owe.

Payee Signature

LEA Authority

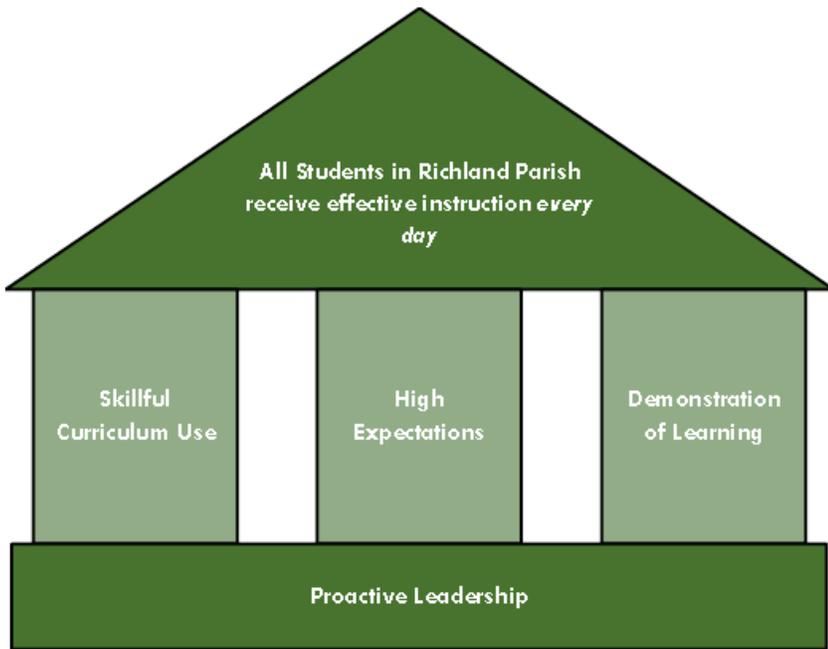
For office use only:

Date: _____

Amt. _____

Code: _____

NAME:
Screening Activity



Directions: Please reflect and respond to the following in no more than 300 words. Review Richland Parish's Instructional Framework (above) and the RSI Summer Institute flyer. Describe why you believe Richland Parish should invest in you for this unique professional development opportunity.

A large, empty rectangular box with a black border, intended for the user to write their response to the directions.