

WESTON PUBLIC SCHOOLS
CENTRAL OFFICE
24 School Road
Weston, Connecticut 06883

HOMEBOUND TUTOR APPLICATION

NAME _____
Last First Middle

ADDRESS _____
Street City State Zip Code

Telephone Number _____ Social Security Number _____

EDUCATIONAL PREPARATION:

College Degree/Diploma Date Graduated

* A COPY OF YOUR COLLEGE TRANSCRIPT AND/OR YOUR CONNECTICUT
TEACHING CERTIFICATE MUST BE ATTACHED TO THIS APPLICATION.
* An official College transcript must be received within 90 days of application

SUBJECT AND GRADE LEVEL PREFERENCES:

PLEASE STATE LIMITS OR CONDITIONS OF AVAILABILITY: _____

PROFESSIONAL REFERENCE:

Name Official Position

Address Telephone Number

FOR OFFICE USE ONLY:

Waiver/Fingerprint Completed _____

Certificate/Transcript Received _____

Building Level Interview Completed _____

Reference Check Completed _____