



VIRGINIA BEACH CITY PUBLIC SCHOOLS

A H E A D O F T H E C U R V E

Department of Human Resources

STUDENT INFORMATION FORM

Directions: Please complete this form to provide student information required for a student teaching and internship placement in the Virginia Beach City Public Schools.

PLACEMENT INFORMATION FROM THE STUDENT

Student's Name _____
Phone _____ Cell _____
Email _____
Local Address _____
(Street) (City) (State) (Zip Code)
College or University _____
Course Title _____
Professor/Instructor _____
Subject Requested _____ Grade Level _____
Dates Requested _____
(Beginning) (Ending)
Briefly explain any special requests: _____

Total Number of Hours _____ Date _____

I understand that **confidentiality** is a legal issue, and I agree not to discuss my experience in a manner that will allow identification of any individual. I will contact the school in advance to arrange a mutually convenient schedule.

Student's Signature