**APPLICATION FOR PERMIT TO TEACH**

 Date

Name of Teacher:

Applicant’s Assignment:

 School:

 District:

School where the applicant plans to teach:

 School:

 Place:

Last Performance Rating:

**LIST OF SUBJECTS TO TEACH**

[ ] 1ST Semester [ ] 2ND Semester [ ] Trimester [ ] Summer SY 20\_\_\_ - 20 \_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **SUBJECT/S** | **UNITS** | **DAY** | **TIME** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 Certified Correct:

Signature of Teacher University Dean

Recommending Approval:

School Head

Approved:

Schools Division Superintendent