



Lakehead
Public
Schools

Teacher
Elementary
Occasional

Your Children Our Students The Future

ELEMENTARY OCCASIONAL TEACHER - Armstrong

Please Print

APPLICANT

Surname

First Name

Middle Name

Address

Postal Code

Contact Telephone ()

Cell ()

Email Address

QUALIFICATIONS

OCT No.

Ontario Certificate of Qualification

Date of Issue

Basic

Primary

Junior

Intermediate

Senior

Additional Qualifications

French

Interim Ontario Certificate of Qualification

Date of Issue

Expiry Date

For Human Resources/Payroll Department Use Only

OCT Certificate of Qualification

Growth Plan

Reference Check Consent

A complete set of practice teaching reports (new graduate) or
two most recent Teacher Performance Appraisals (experienced teacher)

Interview