

APPLICATION FOR TUSD "GROW OUR OWN" PROGRAM FOR MOVE TO TWO-WAY DUAL LANGUAGE

2020-2021 School Year

NAME:			PHONE:	PHONE:		
SCH	OOL:		CURRENT ASSIGNMENT:			
E- MAIL	<u>:</u>					
Γhe fo	ollowing must accompany applic	ation for packet to	be complete:			
•	A letter of recommendation fr	om your principal a	ddressing your pote	ential as a Dual Language Teacher		
•	Copy of your Arizona Teache	r Certificate				
NOTE	E: UPON APPROVAL OF APPL	ICATION, AN AGR	EEMENT WILL BE	SIGNED OUTLINING THE TERMS AND		
CONE	DITIONS OF THE PROGRAM					
ist at	t least five (5) Professional Refe	rences				
	Name of Reference	Phone # 1	Phone #2	E-mail Address		
1						
2						
3						
4						
5						
NOTE		Full Spanish I process, a staff r	Bilingual Endorser	Classroom for two years after earning ynent guage Acquisition will be conducting	our/	
Signature of Applicant Date		Date	Signature of Princip	pal Date		
APPL	ICATION DEADLINE: 4:45 PM	on March 20, 202	0			
	IRN COMPLETED APPLICATION-Edwards	ON PACKET TO: H	IUMAN RESOURC	ES - ATTN: Andrew Campbell and Marth	าล	
App	roved Not Approved CC	DMMENTS:	OFFICE	USE ONLY	\Box	

HR1021 Human Resources | Tucson Unified School District Revised: 08/09/2019

Date

Signature of Authorized Official