

**School Board of St. Lucie County**  
**Application for Contracted Services for Hospital/Homebound**

**Print or Type**

D.O.B. \_\_\_\_\_

Name \_\_\_\_\_  
(LAST) (FIRST) (M.I.) SS# \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_  
(CITY) (STATE) (ZIP)

**Highest Level of Degree:**  Bachelor  Master  Specialist  Doctorate

Florida Teaching Certificate Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type of Certificate \_\_\_\_\_

Present Employer (School) \_\_\_\_\_ Your Position \_\_\_\_\_

Have you ever been or are you now employed by the School Board of St. Lucie County?  Yes  No

If you are not presently employed by the School Board of St. Lucie County, do you have an application on file?  Yes  No

If not presently teaching in St. Lucie County, list prior teaching experience.

School	City and State	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Grade Preferred:  Elementary  Middle  Senior Hours Preferred:  8 a.m. - 3:30 p.m.  3:30 p.m. - 7:30 p.m.

References: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**Teacher Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Return this completed form **with a copy of your Florida Teaching Certificate to:**

Exceptional Student Education  
Hospital/Homebound Program  
9461 Brandywine Lane  
Port St. Lucie, FL 34986