



TEACHER INTEREST FORM

The Saturday Academy Program

Name (Please Print): _____

Current School Site: _____

Current Assignment: _____

Grade Level: _____

I am willing to assist at: My current schools site Other HUSD school sites

Will you be the "Lead" at your site? Yes No

****Please indicate what Saturdays you are available:**

<input type="radio"/> All Sessions	<input type="radio"/> October 25 th	<input type="radio"/> January 31 st	<input type="radio"/> April 11 th
<input type="radio"/> September 13 th	<input type="radio"/> November 15 th	<input type="radio"/> February 28 th	<input type="radio"/> May 2 nd

What subjects/activities would you like to teach?

****Are you available for last minute scheduling calls (Thursday or Friday)?**

Signature _____ Date _____

Phone Number _____

E-mail

Address _____

Best way to communicate: (please circle one) Phone

Email

