

First Baptist

CHRISTIAN SCHOOL

Mini-Electives Instructor Application Part I: Applicant

Name _____ Date _____

Address _____

Phone _____ Email _____

Are you in agreement with First Baptist Christian School's Statement of Faith? ___ Yes ___ No*

Have you ever been convicted of a felony regarding a minor? ___ Yes ___ No*

*I certify that the above information is, to the best of my knowledge, true and accurate. I grant First Baptist Christian School the right to investigate and verify this information.

Applicant's Signature: _____

Suggested Course Title: _____

Course Objectives

- _____
- _____
- _____
- _____
- _____

Course Dates/Time: _____

Maximum Number of Students: _____

Contact Hours (in-class & out-of-class time): _____ hours

Facility Needs (check all that apply)

____ Classroom ____ Chapel ____ Gym ____ Church Auditorium
____ Athletic Fields ____ Other: _____

Part II: FBCS Educational Advisory Committee

Committee Members: _____

Meeting Date: _____

Committee Comments/Concerns

Committee Recommendation

____ Approved

____ Rejected

- Reason for Rejection: _____

____ Schedule meeting with prospective teacher to obtain more information

- Meeting Date/Time: _____

Committee Signatures
