SHAWNEE MISSION
SCHOOL DISTRICT

Student Teaching/Practicum/Internship

Student's Personal Data

Student's Name: _____

Permanent Address:_____

_____

_____

Email Address:_____

Phone Number:_____

Content Area:_____

Are you a graduate of Shawnee Mission Schools?_____

If yes, which school?_____

Do you have children in any Shawnee Mission School?_____

If yes, which school(s)?_____

_____

_____

Emergency Contact: _____**Phone:** _____

Relationship: _____