



**BROKEN ARROW PUBLIC SCHOOLS
2024 SECONDARY SUMMER SCHOOL APPLICATION**

COMPLETE AND SUBMIT TO SHANNON TURNER (SMTURNER@BASCHOOLS.ORG)

EMPLOYEE INFORMATION

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Present Assignment: _____ Site: _____ Position: _____

Current Teaching Certifications:

_____	_____
_____	_____
_____	_____

Requested Summer School Position: _____

TEACHING INFORMATION

OK Teaching Certificate Number: _____ Years of Experience: _____

Highest Degree held:

QUALIFICATIONS

Please list the qualifications and training that you have for the position requested:

Employee Signature

Date

YOU WILL BE CONTACTED BY THE HIRING MANAGER ABOUT THE STATUS OF YOUR APPLICATION