HOUSTON INDEPENDENT SCHOOL DISTRICT

ALTERNATIVE CERTIFICATION PROGRAM
300 WEST 17TH STREET • Houston, TX 77008-3902
713-802-6850

RETURN TO:
ALTERNATIVE CERTIFICATION OFFICE
ACP PRINCIPAL ACADEMY
300 W. 17TH St. • Houston, TX 77008-3902

ACP Principal Academy Application

It is the policy of the Houston Independent School District not to discriminate on the basis of age, color, handicap or disability, ancestry, national origin, martial status, race, religion, sex, veteran status or political affiliation in its educational or employment programs and activities.

PLEASE TYPE IN THE FIELDS, SUBMIT BY E-MAIL THEN PRINT, SIGN AND RETURN THE DOCUMENT TO THE ACP OFFICE.

PERSONAL DATA

Section I

LAST NAME _____ FIRST NAME _____ M.I. _____

FORMER NAME USED, IF ANY _____ DATE _____

SOCIAL SECURITY NUMBER _____ E-MAIL ADDRESS _____

PRESENT ADDRESS (STREET/P.O. BOX) _____ CITY _____ STATE _____ ZIP CODE _____

DAY PHONE (Include Area Code) _____ EVENING PHONE (Include Area Code) _____ MOBILE PHONE (Include Area Code) _____

Can you, after an offer of employment submit verification of your legal right to work in the U.S.? Yes ☐ No ☐

EDUCATIONAL HISTORY

1

COLLEGE/UNIVERSITY ATTENDED _____ DATES: FROM _____ TO _____

GRADUATION DATE _____ DEGREE _____ MAJOR SUBJECT _____

2

COLLEGE/UNIVERSITY ATTENDED _____ DATES: FROM _____ TO _____

GRADUATION DATE _____ DEGREE _____ MAJOR SUBJECT _____

3

COLLEGE/UNIVERSITY ATTENDED _____ DATES: FROM _____ TO _____

GRADUATION DATE _____ DEGREE _____ MAJOR SUBJECT _____

Do you have any teaching experience? Yes ☐ No ☐
If yes, how many years? _____ What level and subject? _____

Do you currently possess a valid teaching certificate or license? Yes ☐ No ☐
If yes, provide the following:
Certificate: Area: _____ Date Issued: _____ State: _____

Have you previously participated in an Alternative Certification Program? Yes ☐ No ☐
If yes, please specify the program: _____

SIGNATURE _____ DATE _____

Submit By Email