School District Teaching Permit Application



Section A - Applicant Information							
Last Name		First Name		Middle Initial Maiden Name (if applicable)			
TEA ID	Driver License Numb	er DL State	Date of Birth	Gender	Ethnicity		
Section B - District Information							
District Name					County/District Number		
Please answer the following questions as they apply to the individual for whom this permit is requested.							
Has this person ever been issued a teaching certificate or permit in Texas? OYes No							
Has this person ever been issued a teaching credential in another state?							
Has this person had educator credentials sanctioned or has this person had an application for educator credentials denied?						⊖Yes ⊖No	
Has this person been unable to pass either the ExCET and/or TExES certification exam(s)? OYes ONo							
Please attach documentation providing the following information							
A completed Verification of Experience form signed [full-time wage earning experience verified by an authorized certified school administrator.]							
Official transcripts from regionally accredited university or college showing bachelor's degree conferred and 24 semester hours of subject relevant college credits in the subject area to be taught.							
Copy of industry license(s) and/or industry certificate(s)							
The ISD affirms that the named individual has been subject to the national criminal history background based on fingerprinting in compliance with the Texas Education Code, Chapter 22, Subchapter C, Sec. 22.0833.							
Assignment/Subject to be Taught				Low G	rade	High Grade	
Superintendents Affidavit: This written statement serves notice to the Commissioner of Education that I have identified a person who is qualified to teach in the above subject(s) and/or classes. I have reviewed this application and I affirm that all of the information, which I have provided, is true. I attest that the above person will be assigned in compliance with the requirement for approval by a principal under TEC §11.202.							
Name of Superi	Name of Superintendent/Designee Title of Super				intendent/Designee Date		
Superintendent/Designee Signature Superintendent/Designee E-mail							
Superintenden Direct Phone N				/Designee		Ext.	
Mail completed application form and required documentation to:							

Judy M. Okimura, Texas Education Agency, Educator Certification and Standards, 5th floor, 1701 North Congress

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