



Shaker Heights City School District
Shaker Heights, OH

EDUCATOR EMERITUS

Application Form *(please print or type)*

Name:	Home Phone:
Address:	Cell Phone:

TEACHING HISTORY

20 Years of teaching required; last 10 years in Shaker Heights City School District

NON-SHAKER		
<i>Name of School District</i>	From:	To:
NON-SHAKER		
<i>Name of School District</i>	From:	To:
SHAKER		
<i>Building/Department/Position</i>	From:	To:
<i>Building/Department/Position</i>	From:	To:
<i>Building/Department/Position</i>	From:	To:

Number of years outside of Shaker _____ Number of years in Shaker School District _____

A brief description of your professional activity within the District but outside the classroom -- such as, club sponsorship, team coaching, curriculum writing, etc. (attach separate page, if necessary)

How might you continue to be involved with the Shaker schools? Service to the District for at least one year after retirement is essential for name to be placed on plaque in building of choice. (attach separate page, if necessary)

Signature of Applicant Date

Return this completed form to: Shaker Heights Board of Education, Registration Office, 15600 Parkland Dr., Shaker Hts., OH 44120

For Office Use Only:

Date Received: _____ Received by: _____ No. of years yes no -- Other _____