



# RITE Program Application

Please include a \$100.00 processing fee when submitting this application.

(Please complete thoroughly and type or print clearly)

Date of Application \_\_\_\_\_ Social Security Number \_\_\_\_\_

Certification Sought \_\_\_\_\_ Grade Level \_\_\_\_\_

## Name

\_\_\_\_\_  
*Last* *First* *M.I.*

## Current Address

\_\_\_\_\_  
*Street/Box #* *Apt. #*

\_\_\_\_\_  
*City* *State* *Zip*

## Telephone Numbers

\_\_\_\_\_  
*Home* *Work* *Mobile*

## E-Mail Address (at least one e-mail address is required)

\_\_\_\_\_  
*Home* *Work*

## Personal Information

Are you a United States Citizen? Yes  No

Are you a veteran of the United States Armed Services? Yes  No

## Education

\_\_\_\_\_  
*School* *Address* *From* *To* *Major* *Degree Received*

\_\_\_\_\_  
*School* *Address* *From* *To* *Major* *Degree Received*

\_\_\_\_\_  
*School* *Address* *From* *To* *Major* *Degree Received*

## Teaching Experience

\_\_\_\_\_  
*School* *Address* *From* *To*

\_\_\_\_\_  
*Administrator* *Position* *Reason for Leaving*

**Teaching Experience (continued)**

School \_\_\_\_\_ Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Administrator \_\_\_\_\_ Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

School \_\_\_\_\_ Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Administrator \_\_\_\_\_ Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Are you currently certified to teach in the state of Wisconsin? Yes  No

If yes, in what areas \_\_\_\_\_

Do you currently have an emergency permit to teach? Yes  No

If yes, issuing agency \_\_\_\_\_

Have you ever been granted any type of teaching permit in the state of Wisconsin? Yes  No

Are you currently teaching in a K-12 classroom? Yes  No

District \_\_\_\_\_ School \_\_\_\_\_

Grade Level \_\_\_\_\_ Subject Area \_\_\_\_\_

**PRAXIS I and II**

Have you taken the PRAXIS I test (PPST)? Yes  No

If yes, please list your scores in the space to the right, and attach a copy of your scores. Math \_\_\_\_\_ Reading \_\_\_\_\_ Writing \_\_\_\_\_

If no, have you scheduled an exam date? Yes  No  Date \_\_\_\_\_

Have you taken the PRAXIS II test? Yes  No

If yes, please list your score in the space to the right, and attach a copy of your score. \_\_\_\_\_

If no, have you scheduled an exam date? Yes  No  Date \_\_\_\_\_

**Volunteer History (activities working with children)**

Organization \_\_\_\_\_ Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_ Nature of Activity \_\_\_\_\_

Organization \_\_\_\_\_ Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_ Nature of Activity \_\_\_\_\_

Organization \_\_\_\_\_ Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_ Nature of Activity \_\_\_\_\_

## Experiences With Children

Briefly describe your experiences with children and state your primary reason for wanting to become a teacher.

I submit this form (with the attached information) with the understanding that I will be required to meet local district employment requirements, and meet all admission requirements of the program. I also understand that if admitted, I would commit to:

- Successfully passing the PRAXIS I: PPST
- Successfully passing the PRAXIS II content assessment test in my intended teaching field
- Applying for any necessary emergency permits
- Satisfying any and all financial obligations of the program
- Completing all program requirements

I certify the information provided in this application is true and complete to the best of my knowledge. Falsification of information on this application could jeopardize admission and enrollment. I authorize any schools or colleges I have previously attended to release personal and academic information to CESA 6.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

All qualified applicants receive consideration for employment without regard to race, color, religion, gender, sexual orientation, age, national origin or ancestry, disability or veteran status through CESA 6.

### REGISTRATION FEE:

Registration fee will be paid by:

- Check** (Please send your payment of \$100.00 to: CESA 6, 2935 Universal Court, Oshkosh 54904, Attn: Amy Ruppert)
- Credit Card** (Please provide: credit card number, expiration date, and 3-digit security code on back of card. Discover, MasterCard, or VISA only)

PLEASE MAIL YOUR COMPLETED RITE APPLICATION TO:

**CESA 6**  
**2935 Universal Court**  
**Oshkosh, WI 54904**  
**Attn.: Amy Ruppert**