



Information on this form is collected by the Office of the Inspector of Independent Schools under the authority of the Independent School Act. The information will be used for processing applications for teacher certification and will be protected under the Freedom of Information and Protection of Privacy Act.

Authority:

Form with two fields: AUTHORITY NAME and SCHOOL NAME

Authority Information – Chairperson

Form for Chairperson information including Title, Surname, Given Names, Street Address, Telephone, City, Province, Postal Code, Country, and Email Address.

Person Recommended for the Position

Form for Person Recommended for the Position including Surname, Given Names, Subject To Be Taught, and employment status options.

Authority declaration

I HEREBY DECLARE THE ABOVE INFORMATION TO BE CORRECT. SUBMISSION OF AN APPLICATION WHICH IS MISLEADING OR FALSE IN WHOLE OR IN PART MAY LEAD TO DENIAL OR SUSPENSION OF TEACHER CERTIFICATION.

Signature of Authority representative _____ Date _____

Note: This is Part 1 of a two-part application and will not be registered or processed until both parts have been received and a non-refundable payment of \$200 for the application processing and \$20 for the criminal record check have been received.

Return completed form and required documents to:

ATTENTION: NEW APPLICATION
MINISTRY OF EDUCATION
OFFICE OF THE INSPECTOR OF INDEPENDENT SCHOOLS
PO BOX 9153 STN PROV GOVT
VICTORIA BC V8W 9H1

For Ministry Use Only
COMMITTEE DECISION: _____
Expiry: Denied