

Early Education and Early Childhood Development

**RENEWAL for a Local Permit: For Supply Teaching**

**School District: ASD-North School Year: 2021-2022**

**APPLICANT INFORMATION: (Please Print)**

|  |  |
| --- | --- |
| **Surname:** | **First Name:** |
| **Address:** | **Telephone #:** |
| **City:** | **SIN#** |
| **Province:** | **Postal Code:** |

**Previous Local Permit (Please circle):** Yes or No

**Current Local Permit in another District (Please circle):** Yes or No

**If Yes:** District #, Year & level**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POST SECONDARY TRAINING**

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution** | **Program (BA, B.Sc, Etc)** | **Dates** | **Degree or Diploma** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**IMPORTANT:** Please attach an evaluation fee of **$40.00 in the form of a money order payable to Minister of Finance, Province of NB.**

**School Year Ending: 2022**

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**Applicant Signature Evaluator Signature Date of Evaluation**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Superintendent Signature Date**

**OFFICE USE ONLY**

Entered Excel AESOP Scanned

**Please Return; Att: ASD – N Tanya Quigley**

**78 Henderson Street, Miramichi, NB E1N 2R7 506-778-5344**