

School Name

City:

Date:

TACS SUMMARY OF EMPLOYEE DATA

Applying for: Accreditation Agency Approval

Employee's Name	TACS certificate number	Certificate exp. date	Kind(s) of certificate (Master, Standard, Temporary, Para)	Type of certificate	Class(es) of certificate	K & Elem. grade(s) taught. Secondary subjects taught.	Subjects (7-12) taught outside of class (es) endorsements	Degree(s) earned	College Major(s)	College Minor(s)	Semester hours in Bible	Semester hours in education	Total years teaching experience in public schs.	Total years teaching experience in Chr. schs.	Years in this school	Full-time (F) Part-time (P)	Transcript on file (Y or N)

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Principal's Signature _____

Today's Date _____

Approved by TACS _____

Date Approved _____