**DIOCESE OF ALLENTOWN**

PLEASE SAVE THIS FORM TO YOUR “C” DRIVE. TAB TO EACH SPACE TO FILL OUT THE FORM, IT WILL EXPAND TO USE AS MUCH ROOM AS YOU NEED FOR EACH QUESTION. WHEN YOU ARE FINISHED, SAVE THE FORM AGAIN, AND SEND THE OFFICE OF EDUCATION THE ATTACHED FORM. THANK YOU. elanzieri@allentowndiocese.org

**Faculty List & Record Sheet**

**School Year: 2021-2022**

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| --- | --- |
| **SCHOOL:** | **SCHOOL CODE:** |
| **ADDRESS:** | **CITY:** |
| **SCHOOL PHONE:** **HOME PHONE:** | **CONVENT:** |
| **PRINCIPAL:** | **SECRETARY:** |
| **Number of Religious Teachers:** |  |
| **Number of Lay Teachers:** | **KINDERGARTEN:**  **Full-time**  **Part-time** |
| **Number of Aides:** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Grade** | **Full-Time Teachers**  *(please use full name)* | **Number of Students** | **Years**  **Of**  **Exp** | **Years**  **In**  **This**  **School** | **Cert I, II, Adm, Sup** | **Degree**  **Or**  **Credits** | **Year**  **Grad** | **College** | **Self-contained**  **Or**  **Subject Taught** |
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| **SCHOOL:** | | | | |  | **SCHOOL CODE:** | | | |
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|  | **PART TIME AND LEARNING SUPPORT FACULTY MEMBERS** | | | | | | | | |
|  |  | | | | | | | |  |
| **Grade** | **Part-Time, PreK and Learning Support Teachers**  *(please use full name)* | **Number of Students** | **Years**  **Of**  **Exp** | **Years**  **In**  **This**  **School** | **Cert I, II, Adm, Sup** | **Degree**  **Or**  **Credits** | **Year**  **Grad** | **College** | **Grade/Subject**  **Periods Weekly**  **Amount of time** |
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