



For the whole child

Statement of a Person Capable of Teaching

Name:

School Year:

Address:

Child(ren) Attending:

Languages Fluent in:

Date:

Relevant Education History

Relevant Practical Experiences

Sources of Continuing Development (webinars, websites, journals, conferences, etc.)

Signature of Person Completing This Form

Date

GCA Director, for acceptance of the above person as capable of teaching

Date

Copies to Family and Cumulative Record of Each Attending Child Noted Above