



NEW LEXINGTON CITY SCHOOLS
1605-A AIRPORT RD, PO BOX 630
NEW LEXINGTON, OH 43764
PHONE: 740-342-4133
FAX: 740-342-6051

Supplemental Coaching Position Application
District Employee

Position _____ Grade Level _____

School Year _____

Name _____

Address _____

Telephone # _____

Pupil Activity Validation (PAV) Expires _____ (Date)

CPR Certification Expires _____ (Date)

Fundamentals Expires _____ (Date)

Concussion Training Expires _____ (Date)

For Office Use Only

Contract Issued _____ Signed _____ Returned _____

Board Approved _____ (Date)