



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
Non-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)

FBI Background Check on File _____ (Yes/No) Expires _____ (Date)

Certified Teacher _____ Non-Certified _____

Tax Papers on File with the District _____ (Yes/No)

For Office Use Only		
Contract Issued _____	Signed _____	Returned _____
Board Approved _____ (Date)		