



Westwind Alternate School (WAS)

Box 2129
89 4th Ave W
Cardston, AB T0K 0K0
Phone: 403-653-1547

123 Broadway St N
Raymond, AB T0K 2S0
Fax: 403-653-1548

Certification of Qualifications for Instructors

Westwind Alternate School requests the following information regarding your qualifications for our records. This information is required for the present school year so that we can process Purchase Orders/Reimbursements for lessons/memberships for registered students.

Instructor Name (please print): _____

Registered Company Name (if applicable): _____

Address: _____ **Postal Code:** _____

Phone: () _____ **Fax:** () _____

Email: _____

Make cheque payable to: _____

Course Title: _____

Detailed Description of Course:

Evidence Provided Upon Completion:



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Describe your previous teaching experience related to this specific course or area of expertise. Include approximate number of students taught and number of years that you have been teaching this course. *Please attach a copy of certification or a resume of qualifications.*

WAS Students seeking instruction:

Student Name	Student Level If applicable	WAS Facilitating Teacher Initial

Do you have a current Police Check and Child Welfare Check? If not, would you be willing to get one?

I certify that the above information is correct.

Instructor, Name and Signature

Date

Heather Schmitke, Principal

Date

NOTES: