

FSD Induction

2024-25 CANDIDATE ENROLLMENT FORM

Please scan and email this document and any supporting materials to: Patricia_Chiles@myfsd.org

PERSONAL INFORMATION		
Last Name:	First Name:	MI:
Email:	School/Grade Assignment:	
Initial Contract Start Date:	Credential(s) held:	

As an eligible teacher, my signature below indicates that I have been informed of and understand my responsibility to enter a professional teacher Induction Program. I understand that it is my responsibility to obtain a California Clear Teaching Credential before the expiration of my Preliminary Credential.

Name: (please print)			
Signature:		Date:	

I hereby accept the above offer of employment. I certify that I do not have a valid contract of employment with a school district governing board or County Superintendent of Schools that will in any way conflict with my employment pursuant to this offer.

Name: (please print)			
Signature:		Date:	

The FSD Induction Office will be in touch with you regarding next steps to participate in the Induction Program. Feel free to contact Patricia Chiles at 714.447-2857 or by email at patricia_chiles@myfsd.org with any questions.

** For Induction Program Staff:

Program Start Date:	
Date Digital Form Completed:	
Date Mentor Match Made:	