SECTION TIMION FIGH SCHOOL F	NETRICT			New SUHSD Classified	Returning
SEQUOIA UNION HIGH SCHOOL D APPLICATION FOR ACTIVITY/COA		SITION			 -
scнool: SEQUOIA			DATE:		
AST NAME:		FIRST NAME:			
ADDRESS:			CITY: ZIP:		
HOME PHONE:		CELL PHONE:			
CIAL SECURITY #: DOB:		EMAIL:			
SPORT/ACTIVITY:	·				
CVDEDIENCE (TRAINING					
EXPERIENCE/TRAINING:					
POSITION (check all that apply): HEAD COACH	ASST. COAC	HSUPERVIS	ORFRESHM	ANJVVARSITY	GIRLSBOYS
BUDGET CODE:					
		CONTRAC	<u> </u>		
Activity/Sport Start Date:		Appro	ox. End Date		
Stipend Amount:		Reaso	n for Split Stipend:		
Minimum Standards: Coaching- Certificated Employees: 80 hours outsing Other than SUHSD Certificated Employ Activity Supervision- Drama/Music: Two full-scale production Dance: Two full-scale productions Hournalism: Six news publications or equivalent	ees: Hours deter			5	
rearbook: One each year					
1. The length of the season is to be detern 2. Certificated Employee: This contract is activity/sports position. Other than SUHSD Certificated Employ 3. The stipend is full compensation for all 4. My failure to adhere to school/district/of all equipment and uniforms, may res district reserves the right to terminate to	in addition to more. This contractions rehears league rules and ult in the withhou	y regular contract does not give sals/preparation expectations for diding of part or of the sale.	me reemployment of time and for all pro practice hours and, entire stipend or ma	s not give me reemploym or tenure rights. ductions/concerts/compo or to district minimum st	etitions. andards, including return
I have read, understand, and agree to abide by all	•		delineated at the boractice start time.	ottom of this sheet (as ap	propriate). I also agree to
I understand that I am expected to perform acc policies	cording to these i	regulations and			f these regulations and
Signature of Employee/Coach	Date		Sigr	ature of Principal	Date
DISTRICT APPROVAL:					