

MARKER APPLICATION FORM

Grade 12 Mathematics Standards Tests

Sample Marking

(Please copy this form as required.)

PLEASE PRINT

Teacher's Name: Mr. Mrs. Ms. _____
first name *last name*

Home Mailing Address: _____
(P.O. Box, if applicable) *city/town* *postal code*

Preferred Email Address (*optional*): _____

Home Telephone Number: _____ School Telephone Number: _____

School: _____ School Division: _____

Preferred language of marking? Check one : English French Both

Check one : Contract Teacher Substitute Teacher Retired Teacher

Program? Check one : English Français French Immersion

Please check the session(s) for which you are applying to mark.

Marking Sessions	How many years have you taught this course?	Are you teaching this course in 2011/2012?	Will you be marking the Standards Test locally?
<input type="checkbox"/> Applied Mathematics <input type="checkbox"/> July 4, 2012	_____ years	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Pre-Calculus Mathematics <input type="checkbox"/> July 5, 2012	_____ years	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- A minimum of **two years** teaching experience in the designated course is required to participate in the marking session.
- Selected markers will be notified at least one month prior to the marking session.
- Manitoba Education will cover costs for substitute teachers as well as marker travel, meals, and accommodation expenses, where applicable.
- Markers will be paid for any personal time devoted to the marking session.
- Non-contract teachers do not require the signature of a principal.

 Name of Principal Signature of Principal Date
(please print)

Please fax this form by April 24, 2012, to:

Marker Recruitment
 Instruction, Curriculum and Assessment Branch
Fax: 204-948-3356 or 204-948-2442