



Gainesville City Schools
508 Oak Street
Gainesville, GA 30501

**Memorandum of Understanding for Student Teaching
Gainesville City School System
Student Teacher Acknowledgment**

I hereby acknowledge that I have read, understand, and agree to the terms and conditions outlined in Gainesville City School System Memorandum of Understanding for Student Teaching.

Student Teacher Signature

Date

Printed Name _____

Placement is requested for:
Semester _____ Year _____