



WRIGHT ELEMENTARY SCHOOL DISTRICT

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Adam Schaible
Superintendent
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COA 1B – **Application to renew** a prior COA authorization for this elective.
Attach completed teacher consent form.

Teacher Name _____ School Year _____ Application Date _____

Elective Assignment Name (one per application) _____

Site _____ Grade(s) _____ Schedule _____

Most recent school year in which you have received prior COA approval to teach this elective* _____

*Attach a copy of most recent prior COA approval.

In regard to teaching this elective, please describe any **changes** since your last application to your:

- Base Credential _____
- Experience _____

- Training _____

- Licenses and/or Certifications _____
- Other _____

For COA Committee Use Only. Committee must be an equal number of teachers selected by teachers and administrators selected by administrators.

Meeting Date: _____

Admin Committee Members

Name: _____

Name: _____

Name: _____

Teacher Committee Members

Name: _____

Name: _____

Name: _____

Status: **Approved**

Denied

Other: _____

HR may cc:
COA Committee
Site and D.O. Admin
Personnel File
Applicant (keep for future applications)
SCOE Credentials Analyst
CalSAAS state reporting system

File path: HR/Credentials/Local Assignment Option/COA