

Fairhaven Christian Academy

Faculty Information

Full Name _____ Date _____

Address _____

_____ City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

EDUCATION

	Name of Institution	Years Attended	Major	Degree Received
High School				
Undergraduate				
Graduate				

TEACHING EXPERIENCE

Years	Location	Grade Level	Subjects

OTHER EDUCATION-RELATED EXPERIENCE

(FOR EXAMPLE: BOOKS, VIDEOS, CONVENTIONS, SEMINARS, CONFERENCES, TRAINING, CAMPUS DAY, AND SUNDAY SCHOOL)
