

CUSTODIAL SUBSTITUTE INFORMATION SHEET

Please fill out and return to: Buildings & Grounds Department
Berlin Central School District
P. O. Box 259
Berlin, NY 12022

NAME _____

ADDRESS _____

PHONE _____

_____ YES I wish to be on the active custodial substitute list for the
2016-2017 school year.

_____ NO I do not wish to be on the active custodial substitute list for
the 2016-2017 school year.

Signature

Date

If you have selected YES, please complete the remainder of the form and return it to the address listed above at your earliest convenience.

What school(s) do you wish to substitute in:

MS/HS (6-12)

Berlin Elementary (K-5)