



INSTRUCTIONAL SUBSTITUTE INFORMATION SHEET

Please fill out and return to: Principal's Office
Berlin Middle School/High School
P. O. Box 259
Berlin, NY 12022

Name: _____

Address: _____

Telephone: _____

If you are a certified teacher and a copy of your certification is not already on file, please include a copy of your certificate.

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

_____ Certified _____ Non-Certified

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

Signature

Date

If you have circled YES to the above, please complete the remainder of the form by circling your response.

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

MS/HS (6-12) Berlin (K-5)

What area(s) do you wish NOT to substitute in?

Math Science Social Studies English Physical Education Home Ec

Art Music Technology Special Education

Additional information you think the school should know: