



NON-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: _____

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

_____ NO I do not wish to be on the active non-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 to substitute in?

Aide Monitor Typist Teaching Assistant Health Office Assistant

Food Service Worker

Additional information you think the school should know: