

TRANSPORTATION SUBSTITUTE INFORMATION SHEET

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

NAME _____

ADDRESS _____

PHONE _____

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

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

Signature

Date

If you have indicated YES to the above, please complete the remainder of the form by circling your responses below.

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

Bus Attendant

Bus Driver

Dispatcher

Additional information you think the school should know: