



**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  
2018-2019 school year.

\_\_\_\_\_ NO      I do not wish to be on the active transportation substitute list for  
the 2018-2019 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: