



CUSTODIAL SUBSTITUTE INFORMATION SHEET

Please fill out and return to: Dawn Demick
P. O. Box 259
Berlin, NY 12022

Name: _____

Address: _____

Telephone: _____

☐ **YES** I wish to be on the active custodial substitute list for the 2022-2023 school year.

☐ **NO** I do not wish to be on the active custodial substitute list for the 2022-2023 school year.

Signature _____ Date _____

If you have checked **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 Elementary (K-5)