



INSTRUCTIONAL SUBSTITUTE INFORMATION SHEET

Name: _____

Address: _____

Telephone: _____

If you are a certified teaching assistant or 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 2024-2025 school year.
- Certified
- Non-Certified
- NO** I do not wish to be on the active instructional substitute list for the 2024-2025 school year.

Signature _____ Date _____

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

- I wish to sub as a Teaching Assistant
- I wish to sub as a Teacher

What school(s) **do** you wish to substitute in? BMHS (6-12) BES (K-5)

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

Math Science Social Studies English Physical Education FACS

Art Music Technology Special Education

Additional information you think the school should know: