



NON-INSTRUCTIONAL SUBSTITUTE INFORMATION SHEET

Name: _____

Address: _____

Telephone: _____

YES I wish to be on the active non-instructional substitute list for the 2024-2025 school year.

NO I do not wish to be on the active non-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.

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

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

Bus Attendant Bus Driver Monitor Typist

Health Office Assistant Food Service Worker Custodial Worker

Additional information you think the school should know: