



# Substitute Teacher Information Form

**Full Name (Print):** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail (required): \_\_\_\_\_

Preferred Phone Number (required): \_\_\_\_\_

**Catholic (circle one):**                      Yes                      No

**Hispanic (circle one):**                      Yes                      No

**Race (circle all that apply):**

Asian	American Indian/Alaska Native	Black
Native Hawaii/Pacific Islander	Two or More Races	White

**Location(s) (circle all that apply):**

Immaculate Conception Elementary School	Regis Middle School
St. James the Greater Elementary School	Regis High School
St. Mary's Elementary School	

Interested in subbing in 4K at Child Development Center (DPI license required)?	<b>Yes</b>	<b>No</b>
Location(s) (circle all that apply):    Regis CDC            Genesis CDC		

Interested in subbing in Kindergarten?                      **Yes**                      **No**

Interested in subbing in Preschool?	<b>Yes</b>	<b>No</b>
Location(s) (circle all that apply):    St. James            St. Mary's		

**Availability (check all that apply):**

Monday	Tuesday	Wednesday	Thursday	Friday
AM ____	AM ____	AM ____	AM ____	AM ____
PM ____	PM ____	PM ____	PM ____	PM ____

**NOTIFY IN CASE OF EMERGENCY (OPTIONAL):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_