

Teacher Substitute Registry Profile Form

Ithaca City school

School District Office Use Only

Authorized by: _____

Date BOE Approved: _____

Approved Grade Level:

	Elem	Middle	High

This information will be used solely for the purposes of the substitute calling service provided by TST BOCES.

Other: _____

Verify and initial BOE approved sub area(s) before forwarding form to TST.

*Return completed form to:
The School District Office

Personal Information:

Last Name:	First Name:	MI:	Payroll Emp ID:
Home Street Address:		PO Box:	
City:	State:	Zip:	
Primary Phone: ()	Alt Phone: ()	E-Mail Address:	

*Do you have a college degree? Yes No

If yes, Type of Degree and Subject area: _____

*Do you hold a valid teaching certificate? Yes No If yes, which State(s): _____
 in which certification areas? _____

*Indicate the grade level you do **NOT** want to sub in:
 Pre-K, Kindergarten, Elementary grades: _____, Middle School, High School

*Indicate any subject areas you do **NOT** want to sub in:
 Art, Bilingual, Business, ELA, ESL, Family&Consumer Science/Home Ec., Foreign Language, Health, Hearing Impaired, Industrial Arts/Tech. Ed., Librarian, Math, Music, PE, Reading, Science, Social Studies, Special Ed, Speech, Technology, Visually Impaired, Other: _____

*Circle the days you are **NOT** able to work:(this can be modified after you have an account)
 Monday Tuesday Wednesday Thursday Friday

*School Districts you are currently approved to sub in (circle all that apply at this time)
 Candor Dryden Groton Ithaca Lansing Newfield South Seneca Trumansburg TST BOCES

School Districts , return the completed form to:
 Substitute Coordinator
 TST BOCES, 555 Warren Rd. Ithaca NY 14850
 607 257-1551 x1047

TST Substitute Coordinator use only:

 Assigned Substitute ID# _____