

**SCHOOL DISTRICT OF WABENO AREA
SUBSTITUTE TEACHER INFORMATION SHEET**

To be completed for all substitute teachers:

Name: _____

Address:

First Phone Number: (_____) _____

Second Phone Number: (_____) _____

Email: _____

_____ **Yes, I will be able to substitute teach during the 2016-2017 school year.**

Certification/License Information:

Please include an updated license when returning this form.

_____ **I am certified (degreed) teacher**

Certification _____

_____ **I hold a Substitute Teacher License in the State of Wisconsin.**

Grade Levels/Areas of availability for Subbing: _____

Grade Levels/Areas not wanting to for Sub for: _____

Availability: (i.e. Daily, Prior Notice Only etc.)

Other Pertinent Information:

Please return to: The School District of Wabeno Area, Attn: Substitute Teacher App., PO Box 460, Wabeno, WI 54566

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