

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

**To be completed for all substitute aides:**

**Name:** \_\_\_\_\_

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

**First Phone Number:** (\_\_\_\_\_) \_\_\_\_\_

**Second Phone Number:** (\_\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

\_\_\_\_\_ **Yes, I will be able to substitute during the 2017-2018 school year.**

**Certification/License Information:**

*Please include an updated license when returning this form.*

\_\_\_\_\_ **I am a certified aide**

**Certification** \_\_\_\_\_

**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 Aide App., PO Box 460, Wabeno, WI 54566

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