

# Teacher Substitute Registry Profile Form

## Ithaca City school

**School District Office Use Only**

Authorized by: \_\_\_\_\_

Date BOE Approved: \_\_\_\_\_

Approved Grade Level:

Elem	Middle	High

Other: \_\_\_\_\_

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

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

\*Return completed form to:  
The School District Office

**Personal Information:**

Last Name:	First Name:	MI:
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 x1059

TST Substitute Coordinator use only:  
  
 Assigned Substitute ID# \_\_\_\_\_