

Teacher Substitute Registry Profile Form

TST BOCES

School District Office Use Only

Authorized by: _____

Date BOE Approved: _____

Approved Grade Level:

Career & Tech	Exceptional Education	RAS

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:

Human Resources

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:
Elementary grades: _____, Middle School, High School

*Indicate any subject areas you do **NOT** want to sub in:
****Career/Tech** - Animal Science, Auto Body, Auto Tech, Career Exploration, Certified Nurse Assistant, Computer Tech, Cosmetology, Criminal Justice, Culinary Arts, Digital Media, Early Childhood, Exercise Science, Food Services, Heavy Equipment, Outdoor Power, CTE Math, New Visions (Health & Medical Careers, Life Science, Engineering), CTE Science, Welding
**** Exceptional Education** - Art, Hearing impaired, Math, Science, Visually impaired,

*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# _____