

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 x1047

TST Substitute Coordinator use only:

 Assigned Substitute ID# _____