

PARKLAND SCHOOL DISTRICT – Substitute Information Survey	<i>FOR OFFICE USE ONLY</i>
---	----------------------------

INSTRUCTIONS: ALL SUBSTITUTE TEACHERS MUST COMPLETE Sections 1, 2, 3, 4
Substitutes for areas other than teaching MUST ALSO COMPLETE Section 5.

References
Ckd _____
Date Entered _____

Section 1	Name _____ Address _____ <hr/> Telephone # (one only) (____) _____ Email Address: _____
------------------	---

Section 2	I am available to sub in the following buildings: (√ all that apply) ___ Cetronia Elem ___ Parkway Manor Elem ___ Fogelsville Elem ___ Schnecksville Elem ___ Ironton Elem ___ Orefield Middle ___ Jandl Elem ___ Springhouse Middle ___ Kernsville Elem ___ Parkland High ___ Kratzer Elem
------------------	---

Section 3	I AM AVAILABLE ON (CIRCLE ALL THAT APPLY): Mon Tues Wed Thurs Fri
------------------	--

Section 4	*ONLY Substitute Teachers MUST Complete: MY CERTIFICATION IS: (√ all that apply) <table style="width:100%;"> <tr> <td style="width:50%;"> Elementary & Middle Level ___ Pre K-4] ___ 4-8 ___ K-6 ___ Mid Level (7-8) Subject Area _____ </td> <td style="width:5%; border-left: 2px solid black; border-right: 2px solid black;"></td> </tr> </table> Special Education ___ Pre K-8 ___ 7-12 ___ K-12 Secondary Level (7-12) Subject Area _____ ___ School Nurse (Certified) ___ Guest Teacher ___ Retiree Are you currently receiving PSERS Retirement Benefits? Y or N EMERGENCY CONTACT NAME AND NUMBER: _____	Elementary & Middle Level ___ Pre K-4] ___ 4-8 ___ K-6 ___ Mid Level (7-8) Subject Area _____	
Elementary & Middle Level ___ Pre K-4] ___ 4-8 ___ K-6 ___ Mid Level (7-8) Subject Area _____			

Section 5	I would like to be on the sublist for: (√ all that apply) ___ Clerical ___ Nurse (must be R.N.) ___ Hall Monitor ___ Health room aide (must be (LPN/R.N.) ___ Paraprofessional ___ Playground aide ___ Teaching Assistant
------------------	---