



1489 US Highway 701 South PO Box 37 Elizabethtown, North Carolina 28337  
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**Dr. Jason B. Atkinson, Superintendent**

### **Bladen County Schools Substitute Checklist**

This form must be submitted as part of your Substitute Application Packet.

\_\_\_\_\_ Completed Application

\_\_\_\_\_ Completed Background Check Forms

\_\_\_\_\_ Completed Financial Documents

\_\_\_\_\_ Effective Teacher Training Certificate or Teaching License

\_\_\_\_\_ I acknowledge I have read the Bladen County Schools Board Policies included for review.

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\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date