

SENECA FALLS CENTRAL SCHOOL DISTRICT
THE WAYNE FINGER LAKES BOCES SUBSTITUTE PROFILE

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

EDUCATION: _____ CERTIFICATION _____

E-MAIL ADDRESS _____

PLEASE CHECK ALL SKILLS YOU WOULD BE WILLING TO TEACH:

TEACHER: _____ TEACHER ASSISTANT: _____ TEACHER AIDE: _____

SCHOOL MONITOR: _____ TYPIST/SECRETARY: _____ NURSE: _____

PLEASE CHECK EACH BUILDING YOU ARE WILLING TO SUBSTITUTE IN:

(BUILDING CHOICE IS AT THE DESCRETION OF THE SUPERINTENDENT UPON REVIEW OF APPLICATION)

FRANK KNIGHT ELEMENTARY: _____ ELIZABETH CADY STANTON ELEMENTARY: _____

SENECA FALLS MIDDLE SCHOOL: _____ MYNDERSE ACADEMY: _____

AVAILABILITY: MON TUES WED THUR FRI

STUDENTS COLLEGE BREAK DATES:

A.M. _____

P.M. _____

AESOP AUTOMATED PHONE NUMBER: 800-942-3767

BOCES SUB SERVICE/AESOP HELP DESK PHONE NUMBER: 315-332-7547 or 315-332-7400

HOURS: 7 AM – 3:30 PM

EMAIL ADDRESS: lisa.albrecht@wflboces.org or Emily.Palmer@wflboces.org

PLEASE RETURN THIS FORM TO THE SCHOOL DISTRICT. THANK YOU.