

BOARD OF EDUCATION  
**SUSSEX-WANTAGE REGIONAL SCHOOL DISTRICT**

27 Bank Street  
Sussex, NJ 07461  
973-875-3175  
FAX: (973) 875-7175

**REQUEST TO SUBSTITUTE IN THE 2024-2025 SCHOOL YEAR**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please indicate your choice for the upcoming 2024-2025 School Year and sign below:

\_\_\_\_\_ **YES**, I wish to continue as an active substitute in the Sussex-Wantage Regional School District for the 2024-2025 school year in the following position(s) (please check all that apply):

- \_\_\_\_\_ **TEACHER**
- \_\_\_\_\_ **TEACHER ASSISTANT** (Includes Classroom / Bus or Van Aide / Café/Playground)
- \_\_\_\_\_ **SECRETARY**
- \_\_\_\_\_ **BUS DRIVER and/or VAN DRIVER** - Must hold a CDL license
- \_\_\_\_\_ **CUSTODIAN**
- \_\_\_\_\_ **NURSE**
- \_\_\_\_\_ **CARE PROGRAM** (Includes BEFORE and/or AFTER and/or SUMMER)
- \_\_\_\_\_ **SECURITY GUARD**

\_\_\_\_\_ **NO**, I do not wish to remain on the active substitute listing for the Sussex-Wantage Regional School District. I understand that should I wish to be a substitute in the future I may have to re-apply.

X \_\_\_\_\_  
Signature Date

Please return the completed form to Brenda VanWarner at the Board of Education office **no later than April 08, 2024**. You may return this form by mail, interoffice mail, email at [bvanwarner@swregional.org](mailto:bvanwarner@swregional.org), fax or in person.

**PLEASE BE AWARE** that if no response is received from you by the deadline noted above, it will be assumed that you do not wish to continue as a substitute in the Sussex-Wantage Regional School District and you will not be approved to sub in the upcoming school year. Should you later wish to be an active substitute after removal from the list you may be required to re-apply which may require being re-fingerprinted.

Thank you in advance for your prompt response!