ROSELAND SCHOOL DISTRICT

1691 Burbank Avenue
Santa Rosa, CA 95407
Phone: 707-545-0102
Fax: 707-545-5096

Roseland Public Schools
DESTINATION COLLEGE

SUBSTITUTE ENROLLMENT FORM

PLEASE PRINT CLEARLY

Last Name		First		M.I.	
Social Security Number			Date of Birth		
Home Address			City/ST/Zip		
Mailing Address			City/ST/Zip		
Landline		Cell Phone		Email	
Grade Level / School Site Preference OR Check here if you want to be assigned to all grade levels/sites: ☐					

Emergency Contact Information

Contact Name		Phone	
Relation		Emergency Hospital	

Please contact Human Resources Department if you have questions.
Maria Lease at mlease@roselandsd.org; Ana Contreras at acontreras@roselandsd.org; Jenny Young at jyoung@roselandsd.org.

Please be sure to include copies of I-9 Acceptable Documents. For payroll purposes please submit a copy of your social security card.

Office Use Only

DOJ Clearance Date		TB Test/Assessment Expires			
P.O.P.P. Appointment Date		Cleared ☐ Yes ☐ No			
Credential(s)Held		Expires		Authorization(s) Held	
Date Entered in AESOP		Date Entered in ESCAPE			