

SUBSTITUTE TEACHER REGISTRATION FORM 2018-2019

Name _____ Phone - Best Contact#: _____

Indicate your interest: Substitute Volunteer

Complete this section if you are not a parent at CCS:

Address _____ City, State, Zip _____

Email Address _____

Who referred you to CCS? _____

Have you been a substitute teacher for CCS in previous years? Yes No

All substitute teachers are **required** to have a background check performed.
All substitute teachers are **required** to watch the videos and turn in the accompanied worksheets concerning
classroom guidelines and procedures annually.

Substitutes: Please turn this form in along with your video worksheets and background check form.

Volunteers: Please turn this form in along with your video worksheets.

Circle the days and indicate times that you will be available.

I can substitute on the following days and for the following classroom teachers:

M T W TH F

K4	K5	1st	2nd	3rd	4th	5th	
							Jr Hi Math
							Jr Hi Science
							Jr Hi History
							Jr Hi Language
							Jr Hi Computer Connections

All Day Mornings Afternoons

Other - _____

I can also substitute for ___ Office ___ P.E. ___ Music
 ___ Library ___ Spanish ___ Art
 ___ Cafeteria (need health card)

M Tu W Th F

All Day Mornings Afternoons Other _____

*Our substitute teachers earn \$7.25 per hour
and will be paid at the end of the month in which they have worked.