

**PORT JERVIS SCHOOL DISTRICT
SUBSTITUTE TEACHER/HOME INSTRUCTOR UPDATE FORM
SCHOOL YEAR 2016 - 2017**

NAME _____ SOC. SECURITY NO. _____

ADDRESS _____ TELEPHONE # () _____

_____ CELL PHONE # () _____

EMERGENCY CONTACT INFORMATION: NAME _____

RELATIONSHIP _____ PHONE # _____

CERTIFICATION

Certificate title _____

State _____

Permanent _____ Professional _____

Provisional _____ Initial _____

Pending _____

If Not Certified:

Degree Level _____

Credit Hours _____

Interested in becoming a HOME TUTOR (Only if certified): _____ YES _____ NO

Grade Level Preferred: (List 1st, 2nd, 3rd choice):

Elementary (K-6) _____

Middle School (7-8) _____

High School (9-12) _____

Grade Levels/Areas You Do Not Wish to Sub In:

Have you ever been convicted of a felony crime?

YES _____ NO _____

If yes: Date _____ State _____

E-Mail Address _____

*College Student: YES _____ NO _____ College Level: _____

* College students will not be called until they phone the substitute coordinator with available dates.

Days Available for Substituting: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Applicant's Signature

Date

Cynthia Benedict
Assistant Superintendent for Instruction

Date Approved

Return to: Terri Pagano, Port Jervis City School District, 9 Thompson St., Port Jervis, NY 12771