Substitute Registration Form

Please print all information:

NAME______________________________________________   DATE______________

ADDRESS_________________________________________________________________________

TELEPHONE _________________________________________________________________

E-MAIL (if applicable)________________________________________________________________

WHICH AREAS ARE YOU INTERESTED IN?
(Check all that apply)

TEACHING:

_____ Regular Education-- Grades ____________

_____ Special Education-- Grades ____________

_____ Art--Grades ____________

_____ Music-- Grades ____________

_____ Physical Education ____________

INSTRUCTIONAL ASSISTANT:

_____ Regular Education-- Grades ____________

_____ Special Education-- Grades ____________

_____ Intensive Special Needs-- Grades ____________

OTHER:

_____ Kitchen

_____ Custodial

_____ Secretarial
EDUCATION:
HIGH SCHOOL
COLLEGE(S)
DEGREES HELD
COLLEGE MAJOR MINOR
TEACHING OR SUBSTITUTE EXPERIENCE

REFERENCES
Name Position Telephone
1. 
2. 
3. 

The schools in our system are:
BUCKLAND-SHELBURNE ELEMENTARY (Pre-K--6)
COLRAIN CENTRAL ELEMENTARY (Pre-K--6)
HAWLEMONT REGIONAL ELEMENTARY (Pre-K--6)
MOHAWK TRAIL REGIONAL (7--12)
SANDERSON ACADEMY (Pre-K--6)

Do you wish to be placed on the substitute list for all schools? 

If not, which schools would you prefer to substitute at?

Are you available every day? 

If not, please specify when

Please complete and submit to: Christie Niles
Mohawk Trail Regional High School
26 Ashfield Road
Shelburne Falls, MA, 01370

Or via e-mail to: cniles@mohawkschools.org