

TRI-TOWN SCHOOL UNION
Office of the Superintendent
28 Middleton Road
Boxford, MA 01921
978-887-0771

APPLICATION FOR SUBSTITUTE TEACHING
(Topsfield, Boxford & Middleton Elementary Schools PK-6)

Name _____

Street Address _____ City/Town/Zip _____

Telephone Number _____

Email _____

Please circle the town(s) you would like to substitute teach in:

Topsfield (8:45 - 3:10)

Boxford (8:40 – 3:10)

Middleton (8:45 – 3:00)

Please check in which capacity(ies) you are willing to substitute as (**please note if you are a college semester break student, you may only substitute as an instructional/special education aide unless otherwise approved by the Building Principal and Superintendent of Schools**):

Classroom Teacher Art Music Phy.Ed. Reading Learning/Resource Ctr

Instructional/Special Education Aide School Office Aide Library Aide

Please circle grade levels you would like to substitute for: PK K 1 2 3 4 5 6

Please circle days of the week available: M Tu W Th F

College semester break students only, please circle month(s) available:

Mid-Dec/Jan Mid-March

Mid-May/June

If you would like to be called in advance **only** (not the same day), please circle: **Advance Notice**

PROFESSIONAL DATA

Do you have a **current** Massachusetts Educator's License? _____

If so, you **must** attach a copy of your license in order to receive the \$95.00 sub rate (if you sub as a teacher).

Please note that retired teachers (from our school district) DO NOT need to attach their license.

EDUCATIONAL AND PROFESSIONAL TRAINING

High School _____ Date of Graduation _____

College _____ Degree _____ Date _____

_____ Degree _____ Date _____

_____ Degree _____ Date _____

Student Teaching _____ Grade or Subject _____ Date _____

School _____

School _____

TEACHING EXPERIENCE

Dates of Service	Community	School	Grade/Subjects	Number of Years Taught
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_____	_____	_____	_____	_____
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OTHER WORK EXPERIENCE

Date	Nature of Work	Company/Institution
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REFERENCES

References from professional educators and school administrators are preferred. Direct supervisors from previous educational or work experience would be appropriate.

Name	Position	Phone Number
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Signature _____ Date _____