

**SCHOOL DISTRICT OF COLBY
TEACHER SUBSTITUTE VERIFICATION 2017-2018**

NAME

DATE

ADDRESS

EMAIL ADDRESS

CITY STATE ZIP

PHONE

BY _____ AM
PREFERRED CALLING TIME

_____ I am interested in subbing for the 2017-2018 school year.

_____ I am **NOT** interested in subbing for the 2017-2018 school year.

License on file? _____ YES _____ NO

License expired? _____ YES _____ NO

If you do not have a license on file or the one on file is an expired copy, please send a copy of your current Wisconsin License.

If your license has expired or you do not have one, please apply for one and send me a copy as soon as you receive it.

_____ My license has expired, but I am applying for a new one.

_____ I do not have a license, but I am applying for one.

The School District of Colby cannot employ substitutes who do not have a valid Wisconsin teacher or substitute license on file.

Return to: Sara Uhlig
 Colby Public Schools
 PO Box 139
 Colby WI 54421

Name _____

DEGREE INFORMATION

HIGHEST DEGREE COMPLETED _____

TYPE OF DEGREE _____

GRADE LEVEL WILL SUBSTITUTE

<u>PRE-SCH</u>	<u>SPEC. ED</u>	<u>K</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6 - 8</u>	<u>9 - 12</u>

GRADE LEVEL WILL NOT SUBSTITUE

--	--	--	--	--	--	--	--	--	--

SCHOOLS

COLBY ELEMENTARY

COLBY MIDDLE SCHOOL

COLBY HIGH SCHOOL

LITTLE STARS PRESCHOOL -4K

YES

NO

Preferred substitute area or subject matter _____

Area or subject matter NOT interested in _____

Additional Information _____

Signature: _____ Date: _____