

**SCHOOL DISTRICT OF COLBY  
TEACHER SUBSTITUTE VERIFICATION 2018-19**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
PHONE

BY \_\_\_\_\_ AM  
PREFERRED CALLING TIME

\_\_\_\_\_ I am interested in subbing for the 2018-2019 school year.

\_\_\_\_\_ I am **NOT** interested in subbing for the 2018-2019 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**

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**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: \_\_\_\_\_