

MEDICINE LAKE PUBLIC SCHOOL  
P O BOX 265  
MEDICINE LAKE, MONTANA 59247

SUBSTITUTE TEACHER INFORMATION/APPLICATION

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Address \_\_\_\_\_  
Mail Address City State Zip

Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

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\_\_\_\_\_  
Degree

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Date Degree Earned

\_\_\_\_\_  
College Major

\_\_\_\_\_  
College Minor

\_\_\_\_\_  
Certificate Class and Level

\_\_\_\_\_  
Area (s) of Endorsement

\_\_\_\_\_

\_\_\_\_\_  
References Phone No.

\_\_\_\_\_  
References Phone No.

List areas that you prefer to substitute

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

No Preference \_\_\_\_\_

Please provide the district with a transcript showing your college level work so that we can make a copy and keep it on file.  
Thank you.

I attest that the above information is true and correct.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date