

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 _____

_____ 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