

BOARD OF EDUCATION
SUSSEX-WANTAGE REGIONAL SCHOOL DISTRICT

27 Bank Street
Sussex, NJ 07461
973-875-3175
FAX: (973) 875-7175

REQUEST TO SUBSTITUTE IN THE 2017-2018 SCHOOL YEAR

Name: _____

Email: _____

Phone Number: _____

Please indicate your choice for the upcoming 2017-2018 School Year and sign below:

_____ **YES**, I wish to continue as an active substitute in the Sussex-Wantage Regional School District for the 2017-2018 school year in the following position(s) (please check all that apply):

- _____ **TEACHER**
- _____ **TEACHER ASSISTANT** (Classroom / Bus/Van Aide / Café/Playground)
- _____ **SECRETARY**
- _____ **BUS/VAN DRIVER**
- _____ **CUSTODIAN**
- _____ **NURSE**
- _____ **BEFORE / AFTER / SUMMER CARE PROGRAM ONLY**

_____ **NO**, I do not wish to remain on the active substitute listing for the Sussex-Wantage Regional School District. I understand that should I wish to be a substitute in the future I will have to re-apply.

X _____

Signature

Date

Please return the completed form to Brenda VanWarner at the Board of Education office **no later than May 15, 2017**. You may return this form by mail, email, interoffice mail, fax or in person.

PLEASE NOTE that if no response is received from you by the deadline noted above, it will be assumed that you do not wish to continue as a substitute in the Sussex-Wantage Regional School District and your name will be removed from our active substitute listing. Should you later wish to be an active substitute after removal from the list you will be required to re-apply which may require being re-fingerprinted.

Thank you in advance for your prompt response!