

# **Kingfisher Public Schools**

## Substitute Teacher Information

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

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Certificate No.: \_\_\_\_\_

Date Expires: \_\_\_\_\_

Approval Areas: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I will substitute in the below areas (circle those that apply to you):

Pre-K - 4

5 - 8

9 - 12

Special Education

Other (please describe): \_\_\_\_\_  
\_\_\_\_\_

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I can substitute on the days circled below:

Mon.

Tues.

Wed.

Thurs.

Fri.

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Comments or other information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Kingfisher Schools does not discriminate on the basis of race, color, national origin, sex, age, qualified handicap, or veteran status.

I hereby affirm that all information given in this application is true and complete to the best of my knowledge. I agree to allow this school district to perform a felony fingerprint search and receive confidential statements from references.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**In order to complete this process, we will need a copy of the following items:**

- \* Driver's License**
- \* Social Security card**
- \* High School diploma or equivalent**

**Please return all information to:  
Kingfisher Schools' Administration Office  
502 W. Chisholm Drive  
Kingfisher, OK 73750**