

Kingfisher Public Schools

Substitute Teacher Information

Name: _____ Date: _____

Address: _____

Phone: _____

Social Security No.: _____

Certificate No.: _____

Date Expires: _____

Approval Areas: _____

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): _____

I can substitute on the days circled below:

Mon.

Tues.

Wed.

Thurs.

Fri.

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