

LYNNFIELD PUBLIC SCHOOLS

SUBSTITUTE TEACHER APPLICATION

NAME _____ DATE _____

ADDRESS _____

PHONE NUMBER (+cell) _____

EMAIL ADDRESS _____

INTERESTED IN SUBSTITUE TEACHING GRADE LEVELS:

K - 4 _____ 5 - 8 _____ 9 - 12 _____

EDUCATION:

4 YEAR COLLEGE DEGREE FROM: _____

DATE OF GRADUATION _____ MAJOR _____

REFERENCES: Please list all previous employers with contact numbers.

Please attach resume, copy of transcripts, diploma or Certification

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Reviewed by _____