

# Substitute Teacher Information

School Year: \_\_\_\_\_

School: \_\_\_\_\_

Chairperson: \_\_\_\_\_

Date the individuals below were voted by local school board: \_\_\_\_\_

Please return this form to the Conference office by the **August 31<sup>st</sup>**. This information is necessary so that it can be presented to the Board of Education for approval before your substitute(s) can be paid. This is necessary each school year – substitutes do not carry over from one year to the next.

Substitute Name and Address	Date of Birth	Professional Training	Certification Status*	Previous Teaching Experience	Subbed last year?	Conf. Use Only
						Sterling Volunteers Date Completed
			SDA State None		Yes    No	
			SDA State None		Yes    No	
			SDA State None		Yes    No	
			SDA State None		Yes    No	
			SDA State None		Yes    No	

\*Copy of certificate must be on file in the Education Office or payment will be made at the lower rate.