

Kingfisher Public Schools
Substitute Teacher Information

Name: _____ Date: _____
Address: _____ Phone: _____
Email: _____ Social Security No.: _____

Certificate No: _____ Date Expires: _____
Approval Areas: _____

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

- | | |
|--|---|
| <input type="checkbox"/> Pre-K - 1st (Gilmour) | <input type="checkbox"/> 7th-8th (Jr. High) |
| <input type="checkbox"/> 2nd-3rd (Heritage) | <input type="checkbox"/> 9th-12th (High School) |
| <input type="checkbox"/> 4th-6th (KUE) | <input type="checkbox"/> Special Education |

I can substitute on the days checked below:

- Mon. Tues. Wed. Thurs. Fri.

Comments or other information: _____

Other (please describe): _____

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
- *National Criminal History Record Check

Please return all information to:
Kingfisher Schools Administration Office
602 W Chisholm Drive
Kingfisher, OK 73750

