

NAME _____

DATE _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

TELEPHONE _____

WILL YOU TUTOR? ___YES ___NO

CHECK THE DISTRICTS THAT YOU WOULD LIKE TO SUB FOR IN THE _____ SCHOOL YEAR.

BERKSHIRE (BURTON) _____

LEDGEMONT(MONTVILLE/THOMPSON) _____

CARDINAL(MIDDLEFIELD) _____

NEWBURY (NEWBURY) _____

CHARDON(CHARDON) _____

WEST GEAUGA (CHESTERLAND) _____

KENSTON (AUBURN/BAINBRIDGE) _____

SPECIAL ED. (STARS, MH, PRE-K) _____

CERTIFICATE TYPE: _____ CERTIFICATE EXPIRATION: _____

AREAS: _____

EMAIL: _____