



Application for Substitute Teaching

Whitehall School District

Return to: Megan Densmore, Whitehall School District, 19121 Hobson St, Whitehall, WI 54773

Or email: densmmeg@whitehallsd.k12.wi.us

Phone: (715) 538-4374

PERSONAL DATA:

Full Name _____ Home Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

Social Security # _____ D.O.B. _____ Email Address _____

TEACHER CERTIFICATION:

Degree B.S. B.A. M.S. M.A.

Major: _____ Minor _____

Certification: _____ Exp. Date: _____

Please submit a copy of your current teaching license, along with completed application form to the above address. If your 4-year degree is not in education and you require assistance in obtaining a short-term substitute teaching license, please check box: _____

CHOICE OF SCHOOLS:

Please check the area(s) that you would like to sub at:

Whitehall Memorial Elementary (Gr. 1-6) _____

Whitehall Memorial Jr/Sr High _____

Special Education _____

Any restrictions? (Area or grade level) _____

Days of availability: _____

Signature: _____

Date: _____

The Whitehall School District does not discriminate against pupils or employees in its educational programs or activities, or in employment.