

2019-2020 SUBSTITUTE TEACHER ENROLLMENT FORM

I would like to (Please check $[\sqrt{]}$ one): [] Enroll as a Substitute Teacher.

[] Renew my status as a Substitute Teacher.

I agree to comply with the rules, regulations, and policies of the Odem-Edroy Independent School District. (Name: Please Print)

First	M.I.		Last	
Mailing Address		Primary Teleph	one No.	
Last 4 Digits of Soc. Sec. No.		Secondary Tele	phone No.	
City and State		Zip Code		
Signature		Date		
Please check campus level (s) preferred	:			
Elementary Intermediate School School		Junior High	High School	
Other Substitute Training Certificate? So	chool Dist	·	Date:	
Number of college hours: Degree (If applicable):				
	<u>Non-Re</u>	newal Option		
□Please remove my name from the Subs	titute List	:Signatur	'e	Date
Reason (optional):				