

ELMSFORD PUBLIC SCHOOLS
Elmsford, NY 10523

www.elmsd.org

SUBSTITUTE TEACHER REGISTRATION FORM

Please Print

Name: _____
Last First MI

Address: _____
Street City State Zip

Phone: _____ E-Mail: _____

College or University Attended: _____

Year Graduated: _____ Degree: _____

Permanent Certification No.: _____

Provisional Certification No: _____ Effective Date: _____

Area of Certification: _____

District in which you are currently subbing: _____

Days you are available: _____

Grades/Subjects Preferred: _____

Signature: _____ Date: _____

**RETURN REGISTRATION FORM ALONG WITH A COPY OF YOUR
RESUME, COLLEGE TRANSCRIPT AND CERTIFICATION TO:**

**Superintendent of Schools
98 So. Goodwin Avenue
Elmsford, NY 10523**