

UNIT SEVEN SCHOOLS
408 N. Central, P.O. Box S
Tolono, IL. 61880
SUBSTITUTE TEACHER REGISTRATION
2011-2012

NAME _____ DATE _____

ADDRESS _____ PHONE _____
(Street) (City) (Zip)

EMAIL ADDRESS _____

Subject or Grade Qualified to Teach: _____ Subject, Grade or School Preference _____

Exact Name of Your Certificate: _____

Date of Most Recent Registration _____ Place: _____

Social Security Number _____ - _____ - _____ Days of Week Available _____

Number of Years Teaching Experience _____
(Primary) (Elementary) (Jr. High) (High)

Number of Year Substitute Teaching Experience: _____

Are You Interested in Homebound Teaching? _____

Are You Retired From Teaching? _____

COLLEGE ATTENDED	DEGREE RECEIVED	DATE

.....
Person to Contact in case of illness or accident:

NAME: _____ RELATIONSHIP _____

HOME PHONE: _____ BUSINESS: _____ MOBILE PHONE: _____

PHYSICIAN: _____ PHONE: _____

HOSPITAL PREFERENCE: _____

List Disabilities or Chronic Illnesses, Epilepsy, Diabetes, Etc. _____

List Routine Medications _____
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NOTE: In order to have your name placed on the substitute list and receive pay for substituting, you must comply with the following:

1. Complete Registration through Champaign/Ford County ROE and bring/send proof to District Office.
2. Complete this form annually. (If you were on the District's Sub list last year this is the **only form required** to be added to the list this year)
3. Have a valid teaching/temp sub certificate for Illinois.
4. Copy of Transcripts on file in Unit Seven Administration Center.
5. State and Federal exemption certificates on file in Unit Seven Administration Center.
6. T.R.S. Forms to be filed at Unit Seven Administration Center. (Only if you have never taught in the State of IL.)
7. Mandated Reporter
8. I-9 Form (needs to include copy of Drivers License and second form of ID)

PLEASE NOTE: *Effective July 1, 1990, anyone doing substitute or homebound teaching will be required by law to have deductions made for T.R.S.*