

MILLHOPPER MONTESSORI SCHOOL



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Celebrating 31 Years of Academic Excellence

SUBSTITUTE TEACHER FORM

NAME: _____

TEL. #: _____

DATE: _____

AGES INTERESTED IN (please mark your choices):

2-4 _____

3.5-5 _____

4.5-6 _____

1st & 2nd grade _____

2nd & 3rd grade _____

4th, 5th & 6th grade _____

7th & 8th _____

WHAT DAYS WOULD YOU BE AVAILABLE?

() Monday () Tuesday () Wednesday () Thursday () Friday

WHAT TIMES WOULD YOU BE AVAILABLE?:

WOULD YOU LIKE TO SUB IN THE MORNING CARE PROGRAM (7:00-8:45 AM)?

YES _____ NO _____

WOULD YOU LIKE TO SUB IN THE AFTER SCHOOL PROGRAM (2:30 - 6:00 PM)?

YES _____ NO _____