

SUBSTITUTE TEACHING UPDATE FORM 2004-2005

**Return to this address:
SUBSTITUTE TEACHING OFFICE
VIGO COUNTY SCHOOL CORPORATION
P.O. BOX 3703 TERRE HAUTE IN 47803-0703**

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, or national origin. Title IX of the Education Amendments of 1972 and 1974 prohibit discrimination in employment because of sex.

Name _____
(Last) (First) (M. Initial) (Maiden Name)

Address (Local) _____ City/State _____ Zip _____

Telephone# () _____ Social Security # _____

E-Mail Address _____

Please list any other name(s) in which you may have records: _____

Indiana Teaching License /Expiration Date: _____ or Substitute Certificate /Expiration Date: _____

A copy of your **valid** Indiana Teaching License or Substitute Certificate must be on file in the Substitute Office.

**This part must be filled out (Check subjects you DO want to teach)
(If you choose to cover secondary schools then you must choose secondary subjects to go with it)**

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Art | <input type="checkbox"/> Industrial/Vocation | <input type="checkbox"/> Resource Teacher | <input type="checkbox"/> Swimming Certified |
| <input type="checkbox"/> Business | <input type="checkbox"/> Math | <input type="checkbox"/> Science | (requires proof of |
| <input type="checkbox"/> English | <input type="checkbox"/> Media Center | Which _____ | WSI or Lifesaving |
| <input type="checkbox"/> Family Consumer Science | <input type="checkbox"/> Music | <input type="checkbox"/> Social Studies | certification) |
| <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Physical Ed. | <input type="checkbox"/> Special Education | <input type="checkbox"/> Other Areas |
| Which _____ | <input type="checkbox"/> Preschool/Kindergarten | Which _____ | _____ |
| <input type="checkbox"/> Intermediate (4-5) | <input type="checkbox"/> Primary (1-3) | | _____ |

TRAINING & EXPERIENCE

Name of College/University: _____ Degree _____ Date of Graduation _____

Major: _____ Minor: _____ Area(s) of Certification _____

**This part must be filled out
Please indicate with a check mark the schools in which you ARE willing to substitute teach:**

Elementary ALL

- | | |
|---|---|
| <input type="checkbox"/> Consolidated | <input type="checkbox"/> Hoosier Prairie |
| <input type="checkbox"/> Davis Park | <input type="checkbox"/> Lost Creek |
| <input type="checkbox"/> Deming | <input type="checkbox"/> Meadows |
| <input type="checkbox"/> DeVaney | <input type="checkbox"/> Ouabache |
| <input type="checkbox"/> Dixie Bee | <input type="checkbox"/> Riley |
| <input type="checkbox"/> Farrington Grove | <input type="checkbox"/> Rio Grande |
| <input type="checkbox"/> Fayette | <input type="checkbox"/> Sugar Grove |
| <input type="checkbox"/> Franklin | <input type="checkbox"/> Terre Town |
| <input type="checkbox"/> Fuqua | <input type="checkbox"/> West Vigo Elementary |

Middle Schools ALL

- Chauncey Rose Middle School
- Honey Creek Middle School
- Otter Creek Middle School
- Sarah Scott Middle School
- West Vigo Middle School
- Woodrow Wilson Middle School

High Schools ALL

- McLean High School
- North Vigo High School
- South Vigo High School
- Washington Alt. High School
- West Vigo High School