



# Dartmouth Public Schools

Office of the Superintendent  
8 Bush Street  
Dartmouth, Massachusetts 02748

Telephone: 508-997-3391

Fax: 508-991-4184

Website: [dartmouthps.schoolfusion.us](http://dartmouthps.schoolfusion.us)

## DISTRICT SUBSTITUTE RESPONSE FORM

The days that I am available to substitute *on a regular basis* are (please circle):

Monday

Tuesday

Wednesday

Thursday

Friday

Are you certified?     Yes\*                       No                       Pending

\*A copy of certification **must be provided** or *differentiated certification payment will be not given*

**PLEASE COMPLETE ALL INFORMATION BELOW FOR OUR RECORDS**

FULL NAME: \_\_\_\_\_

STREET ADDRESS (INCLUDE PO BOX IF APPLICABLE): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CELL/TELEPHONE NUMBER (INCLUDING AREA CODE): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I am interested in substituting for the following level: (Please circle all levels in which you wish to substitute.)

Elementary Level

Middle School Level

High School Level

I am interested in  
(circle all that apply)

Teacher

Teacher Assistant

**I have read and understand this form and the attached memorandum pertaining to substitute teaching for the Dartmouth Public Schools.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this completed form to Dartmouth Public Schools, Attention: Nellie Affonso, 8 Bush Street, Dartmouth, MA 02748, by July 15, 2016. Thank you.**