

**The School District of the Tomorrow River  
357 North Main Street  
Amherst, Wisconsin 54406  
715/824-5521 ext. 1**

**Substitute Teacher Interest Form**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Indicate the building(s) in which you will substitute:

- Elementary      Grades 4K-1      Grades 2-3      Grades 4-5  
Middle School (grades 6-8)  
High School (grades 9-12)

Indicate the Exceptional Education or alternative program in which you wish to substitute:

- At-Risk  
Early Childhood  
Cognitive Disabilities

If selecting middle or high school, indicate the courses in which you wish to substitute:

- Agriculture      Math  
Art      Physical Education  
Band/Vocal Music      Social Studies  
Biology/Science      Spanish  
English/Language Arts      Technical Education  
Family & Consumer Education

Comments: \_\_\_\_\_

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