

**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: _____

Email: _____

Mailing Address: _____

City, State, Zip: _____

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

- Elementary Grades 4K-1 Grades 2-3-4
Middle School (grades 5-8)
High School (grades 9-12)
Tomorrow River Community Charter School (TRCCS)

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:

- | | |
|--|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Math |
| <input type="checkbox"/> Art | <input type="checkbox"/> Physical Education |
| <input type="checkbox"/> Band/Vocal Music | <input type="checkbox"/> Social Studies |
| <input type="checkbox"/> Biology/Science | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> English/Language Arts | <input type="checkbox"/> Technical Education |
| <input type="checkbox"/> Family & Consumer Education | |

Comments: _____

