



South Coast ESD
 1350 Teakwood, Coos Bay, OR 97420
 541-266-3951 Fax: 541-266-4040
 www.scesd.k12.or.us/substitutes



CLASSIFIED SUBSTITUTE DATA FORM

(If you are a new sub, please have a driver's license available for photocopy)

NAME _____

(Please print first, last and middle)

ADDRESS _____

(Mailing address)

(City)

(Zip)

PHONE(S) # _____ E-mail _____

LEVEL OF TRAINING:

BASIC _____ TITLE I _____ RESOURCE ROOM _____ LIFE SKILLS _____

CUSTODIAN _____ COOK _____

NB DISTRICT BUILDINGS AND SCESD CLASSROOMS IN WHICH YOU PREFER TO SUB:

(Please indicate by checking the box):

SCESD – ADAPTIVE LIFE SKILLS

- BANDON
- BLOSSOM GULCH
- MADISON
- MHS
- SUNSET
- GOLD BEACH

SCESD – EI/ECSE

- SCESD
- COQUILLE
- BROOKINGS

HILLCREST ELEMENTARY

NORTH BEND HIGH SCHOOL

PEAK

NORTH BEND DISTRICT OFFICE

NORTH BAY ELEMENTARY

NORTH BEND MIDDLE SCHOOL

NORTH BEND HIGH SCHOOL

ARE YOU BILINGUAL? ____Y____N IF SO, WHAT LANGUAGE(S)? _____

I UNDERSTAND THAT THE ABOVE BECOMES PUBLIC INFORMATION ONCE PUBLISHED ON THE SCHOOL DISTRICT LIST:

_____ DATE

_____ SIGNATURE