

SUBSTITUTE TEACHER INFORMATION FORM

License Information

NAME _____
 ADDRESS: _____
 CITY: _____ STATE: _____
 ZIP: _____ PHONE _____

IEIN: _____
 DOB: _____
 LICENSE: _____
 EXPIRATION: _____

By signing my name below, I acknowledge that:

Pursuant to Sec. 10-21.9 of the Illinois School Code, I am responsible for any and all fees associated with obtaining a criminal background check.

I will not hold the Will County Regional Office of Education responsible for any rejections or errors which may occur in the process of obtaining a criminal background check. I further acknowledge that should a rejection or error occur, I will be responsible for any and all fees associated with obtaining a criminal background check.

Signature: _____

Date: _____

<i>(Office Use Only)</i> Date Received	INSTRUCTIONS: In order to receive a Substitute Teacher Authorization , please complete and return each of
	Substitute Teacher Information Form: Please complete all items and return to the Will County ROE.
	Teaching License Registration Form: All teaching licenses must be registered in Will County for the current school year.
	Physician's Statement of Good Health: Section 5/24-5 of the Illinois School Code requires new employees to provide evidence of physical fitness to perform duties. If you have not previously fulfilled this requirement, please complete the form at the bottom of this page. If you have previously completed this requirement, please provide documentation to the Regional Superintendent's Office.
Rcvd: OK:	Criminal Background Investigation: Section 5/10-21.9 of the Illinois School Code requires a background investigation of all new employees. Applicants should sign the ROE Permission Form.
	I-9 Form (Immigration and Naturalization Service): Accompanying this application is the form "I-9", U.S. Department of Justice, Immigration and Naturalization Service, which must be completed and included with your Substitute Teacher Application.
	Mandated Reporter Status (Department of Children and Family Services): Accompanying this application is the form "Acknowledgement of Mandated Reporter Status" which must be signed and dated by the applicant. This requirement is pursuant the Illinois Revised Statutes c.23, pars. 2051 et seq.

PHYSICIAN'S STATEMENT OF GOOD HEALTH

Sec. 24-5 of the School Code states in part – "School boards shall require of new employees evidence of physical fitness to perform duties assigned and freedom from communicable disease. --- presentation to the board and cost of such examination shall rest with the employee."

Please complete this form or attach a physical examination form utilized by your doctor.

I hereby certify that _____ meets the above requirements of physical fitness and freedom from communicable disease.

Date _____ Signature, M.D. _____

Address _____