



WILL COUNTY REGIONAL OFFICE OF EDUCATION

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Dr. Shawn Walsh
Regional Superintendent

Dr. Peter Sullivan
Regional Assistant

SUBSTITUTE TEACHER PERMISSION FORM EFFECTIVE JANUARY 1, 2011

I grant permission for the Will County Regional Office of Education to submit a criminal background request on my behalf, perform a search on the Illinois Statewide Sex Offender Database and the Illinois Statewide Child Murderer and Violent Crimes Against Children Database as required by law.

I also acknowledge and shall submit, as required by law, the following items:

- (1) Acknowledgement of Mandated Reporter Status (Illinois Department of Children and Family Services)
- (2) Employment Eligibility Verification Form I-9 (U.S. Department of Justice, Immigration and Naturalization Service)
- (3) Physician's Statement of Good Health and freedom of communicable disease and dated within the last 90 days.

Name (Please Print)

Date

Signature