

The Eastern School District requires prospective substitute teachers to receive an **Authorization** to substitute teach. This **Authorization** may be obtained by applying to the Registrar's Office at the Department of Education. A fee is charged for this **Authorization**. This **Authorization** must be received from the Registrar's office in order for your name to be added to the Eastern School District Substitute Teacher List.



**EASTERN SCHOOL DISTRICT**

**APPLICATION FOR  
SUBSTITUTE TEACHER**

For Office Use Only		
Date Received	Date Acknowledged	Date Indexed

**PLEASE NOTE:** This application is for **Substitute Teachers Only**. A separate application **must** be completed for **TEACHER OR EDUCATIONAL ASSISTANT** positions.

Please complete and forward application to:  
Manager of Human Resources  
Eastern School District  
Mailing Address: Box 8600, Charlottetown, PE C1A 8V7  
Delivery Address: 234 Shakespeare Dr. Stratford, PE C1B 2V8

For information, please phone:  
**Main Office:** (902) 368-6990  
**Human Resources:** (902) 569-0595  
**Fax:** (902) 368-8890

NAME: \_\_\_\_\_  
Surname Given Name Initial(s)

MAILING ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
Residence: \_\_\_\_\_  
Other(s) \_\_\_\_\_

E-mail Address: \_\_\_\_\_  
Please print

Previous name used at job or school (if applicable): \_\_\_\_\_

Do you presently hold a Prince Edward Island Teaching Certificate? No\_\_ Yes\_\_  
Certificate Level: \_\_\_\_\_

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**EDUCATIONAL QUALIFICATIONS;**

University & Address	Specialization Major/Minor	Degree or Diploma Received	Last year of Attendance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**EXPERIENCE:**

Number of Years/Months/Days Experience (circle one) Grade Level(s)

1) as a Full-Time Classroom Teacher: \_\_\_\_\_

2) as a Substitute Teacher: \_\_\_\_\_

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Grade Preferences (please circle):

1      2      3      4      5      6      7      8      9      10      11      12

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Subject Preferences:

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

(4) \_\_\_\_\_ (5) \_\_\_\_\_ (6) \_\_\_\_\_

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Subject Specialties: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

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Have you previously applied to substitute as a teacher with the Eastern School District?

Yes\_\_\_\_ No\_\_\_\_ If yes, what year? \_\_\_\_\_

Were you previously employed as a substitute teacher with the Eastern School District?

Yes\_\_\_\_ No\_\_\_\_ If yes, what year? \_\_\_\_\_

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Which languages do you speak, read or write:

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Are there times you would not be available to substitute teach? Yes\_\_\_\_ No\_\_\_\_

Please explain:\_\_\_\_\_

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Also, please note that if you are no longer available to substitute teach, please contact the Eastern School District as soon as possible so that your name will be removed from the Substitute Teacher List to avoid unnecessary calls to you and/or made by an administrator or designate looking for a substitute teacher.

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### **CRIMINAL RECORD CHECK**

**A Criminal Record Check must be included upon submission of this application.**

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#### **PLEASE NOTE:**

Your application will be kept at the Eastern School District and may be reactivated each successive school year. Certified teachers may write or phone to have their file reactivated. Non-certified teacher files will be reactivated upon receipt of your renewed Authorization from the Department of Education.

If there is any change in pertinent information provided on this application form (i.e. telephone number, mailing address, availability, etc.), please contact the Eastern School District as soon as possible so that the information may be corrected and/or your name deleted from the list.

The enclosed TD1, TD1PE, and Employee Information forms must be completed, signed and submitted to the Eastern School District with this application.

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#### Applicant Checklist

- \_\_\_\_\_ Employee Information Form (completed with "VOID" cheque attached)
- \_\_\_\_\_ TD1 and TD1PE Forms (completed and signed)
- \_\_\_\_\_ Criminal Record Check
- \_\_\_\_\_ Authorization To Substitute Teach (has applied for and paid fee at Dept. Of Education)

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Applicant's Signature

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Date

Personal information on this form is collected under Section 31(c) of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988 c. F-15.01 as it relates directly to and is necessary for purposes of providing services to employees and will be used for purposes of school board operations and administration. If you have any questions about this collection of personal information, you may contact the FOIPP coordinator at the Eastern School District, 234 Shakespeare Drive, Stratford, PE (by mail: PO Box 8600, Charlottetown, PE C1A 8V7), Telephone: 902.368.6990