

# WALDWICK PUBLIC SCHOOL DISTRICT

155 SUMMIT AVENUE  
WALDWICK, NEW JERSEY 07463

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Paul D. Casarico, Ed. D.  
Superintendent of Schools

Phone 201-445-3131  
Fax 201-445-0584  
casaricop@waldwickschools.org

Dear Substitute Applicant:

Enclosed you will find a substitute application form for the Waldwick Public Schools. Kindly fill out the application and return it to my attention along with a copy of your New Jersey certification and your letter of authorization concerning your criminal history review.

In addition, the State Department of Education requires that all public school employees have proof of Tuberculin testing before substituting for the first time. A new employee with a documented Mantoux test administered within the previous six months does not have to be tested again. An employee transferring between schools within New Jersey does not have to be tested if they provide proof of testing. You may elect to have your private physician perform this test on your own or go to the Board of Health in the town in which you reside to administer the test.

If you have any questions please do not hesitate to call.

Sincerely,

*Lisa D'Amato*

Lisa D'Amato  
Secretary to the Superintendent

**SUBSTITUTE TEACHER APPLICATION  
WALDWICK PUBLIC SCHOOLS - (201) 445-3131  
WALDWICK, NJ 07463**

Date \_\_\_\_\_

Name \_\_\_\_\_  
(First) (Middle or Maiden) (Last)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

**EDUCATIONAL PREPARATION:**

<u>Name</u>	<u>Location</u>	<u>Degree or Diploma</u>	<u>Date Graduated</u>
High School			

College \_\_\_\_\_

How many college credits have you completed? \_\_\_\_\_

College Major Field \_\_\_\_\_ Credits in Major Field \_\_\_\_\_

Credits in Education \_\_\_\_\_

NJ Certification held, if any \_\_\_\_\_

**GRADES IN WHICH YOU WISH TO SUBSTITUTE:**

Special Education \_\_\_\_\_ PreK-5 \_\_\_\_\_ Middle School (Gr. 6-8) \_\_\_\_\_ High School \_\_\_\_\_  
List Subjects for Middle School & High School \_\_\_\_\_

**REFERENCES:** *(Principals that you have worked with, College Professors or other Professionals)*

<u>Full Name</u>	<u>Official Position</u>	<u>Present Address &amp; Telephone No.</u>
1.		
2.		
3.		

**DAYS OF THE WEEK YOU ARE AVAILABLE:**

Every day \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

**PLEASE RETURN TO:** WALDWICK BOARD OF EDUCATION  
SUPERINTENDENT'S OFFICE  
155 SUMMIT AVENUE  
WALDWICK, NJ 07463

/subapplication