



South Range Local Schools

... a community centerpiece building on excellence

11375 Columbiana-Canfield Road, Canfield, Ohio ~ 44406 ~ Phone: 330-549-5226 ~ Fax: 330-549-4740

Bethany A. Carlson, Superintendent ~ bcarlson@southrange.org * Mario A. Nero Jr., Treasurer/CFO ~ mnero@southrange.org

Dear South Range Substitute Teacher Applicant:

In order for you to be put on the substitute teacher list, there are several items we will need from you.

These items are as follows:

- A current resume
- A copy of your current teaching license
 - If you do not have a substitute teaching license, you will need to apply for one with the Ohio Department of Education. Please visit <http://education.ohio.gov/Topics/Teaching/Educator-Licensure/Audiences/Substitute-Licensure> for information and to begin the process. Please make sure that you indicate that you wish to substitute at South Range Local Schools on your online application. The district IRN # is 048363.
- A current copy of your fingerprint report (FBI & BCI) – within the last year
 - If you need fingerprints you can call the Educational Service Center of Eastern Ohio, 7320 North Palmyra Road, Canfield, Ohio 44406, at 330-533-8755 for an appointment. All fingerprinting is done electronically as required by the state.
- A substitute teacher application filled out

Please submit these above items to the Board of Education Office. Once we have received **all** of the above items, your application will be forwarded to the superintendent and put on the agenda for the next Board of Education Meeting for approval.

Once approved, your name and phone number will be placed on the substitute teacher list. If you are contacted to sub, please contact the Treasurer's Office immediately at 330-549-5745 for payroll information and paperwork requirements.

Thank you for your interest in South Range Local Schools.

Board of Education

Brian Bagwell ~ Shelly Colucci ~ Elizabeth Johnson ~ Terri Lally ~ Amy White



South Range Local Board of Education
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Canfield, OH 44406
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Substitute Application

Name _____ Phone _____

Address _____
Number & Street City State Zip

Colleges Attended:	Years Attended	Degree & Date Received

Undergraduate Major: _____ Total Hrs. _____

Undergraduate Minor: _____ Total Hrs. _____

Student Teaching _____
School Subj./Grade Level

Certificate/License: Circle types you hold or for which you are eligible:
 Provisional Permanent Professional Special License

Indicate subject areas listed on your certificates/license:

Certificate/License Number _____ Date Issued _____

Have you previously substituted in the Mahoning County Schools? _____

If yes, please complete below:

School District and year(s) _____

School District and year(s) _____

Preferred Grades _____ Days Available _____

ANY PERSON WHO KNOWLINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFITAION UNDER SECTION 2921.13 OF THE REVISED CODE, WHICH IS A MISDEMEANER OF THE FIRST DEGREE.