SUBSTITUTE CHANGE OF INFORMATION FORM

Name (Last, First):	Date of Birth:	Social Security Number:
Change of name		
	as it appears on the Marin County Of ow hold issued by the California Com	fice of Education records, government issued ID, or as it a mission on Teacher Credentialing, is
/C		it was changed by
(Current name @	MICUE)	(Date)
(Marriage, court action, updat	ed birth certificate, etc.)	
I hereby request that my name	e appear on your records as verified b	by the attached copy of my government issued documen
(Change	d name – Please Print)	_
] I hereby request that my g	ender appear on your records as	verified by the attached copy of my birth certificate
Female	Male Non-bi	nary
Please update my address/	phone number to:	
Please update my address/ Address	phone number to:	
	phone number to: State	Zip Code
Address		Zip Code
Address	State	Zip Code
Address City Phone Number:	Statet)	Zip Code (Date)
Address City Phone Number: (Name –Please Prin (Employee Signatur	Statet)	(Date)
Address City Phone Number: (Name –Please Prin (Employee Signatur Please update my Emerger	State t)	(Date)
Address City Phone Number: (Name –Please Prin (Employee Signatur) Please update my Emerger Emergency Contact	State t) e) cy Contact and/or Doctor to Not	(Date)
Address City Phone Number: (Name –Please Prin (Employee Signatur Please update my Emerger	State t) e) ccy Contact and/or Doctor to Not Relationship:	(Date)
Address City Phone Number: (Name –Please Prin (Employee Signatur Please update my Emerger Emergency Contact Name:	State t) e) ccy Contact and/or Doctor to Not Relationship:	(Date)
Address City Phone Number: (Name –Please Prin (Employee Signatur) Please update my Emerger Emergency Contact Name: Phone Number: Doctor to Notify	State t) e) ccy Contact and/or Doctor to Not Relationship:	(Date)

 Signature:

(C) Substituting Preferences

Please circle your grade selection(s):

Preschool	K-3	4-5
6-8	9-12	Special Education
Regional Occupational	Adult Education	Home/Hospital Instruction (1-2
Program (ROP)		hours/day)

Please circle your district selection(s):

A1. MCOE Special Education A2. MCOE Alternative Education A3. MCOE Regional Occupational Program

(<u>Include:</u> 'Interest to Substitute in MCOE Programs' form. Contact Mirna Long (<u>mlong@marinschools.org</u>) for more information.)

B1. Mill Valley B2. Reed (Tiburon-Belvedere) B3. Sausalito Marin City							
C1. Dixie C2. San Rafael C3. Ross C4. Lagunitas C5. Ross C6. Kentfield	C7. Larkspur-	C8. Tamalpais					
Valley	Corte Madera	H.S.					
D1. Bolinas-Stinson D2. Shoreline							
E1. Novato E2. Laguna Joint E3. Lincoln E4. Nicasio							

Please circle your subject selection(s):

01	Elem. School Subjects	21	Music	41	Italian
02	Agricultural Science	22	Philosophy	42	Latin
03	Anthropology	23	Physical Education	43	Russian
04	Art	24	Physics	44	Spanish
05	Astronomy	25	Psychology	45	Computers
06	Biological Science	26	General Science	46	Bilingual/Cross Cultural (BCLAD)
07	Business Education	27	Health Science	47	Deaf & Hard of Hearing
08	Chemistry	28	Political Science	48	Visually Impaired
09	Drama	29	Social Science	49	Orthopedically Impaired
10	Driver Ed. & Training	30	Sociology	50	Speech Therapy
11	Economics	31	Remedial Reading	51	Communicatively Impaired
12	English	32	Library Science	52	Clinical/Rehabilitative
13	Early Childhood Education	33	Vocational Education	53	Traumatic Brian Injury
14	Geography	34	Drafting	54	Learning Impaired
15	Geology	35	Humanities	55	Severely Impaired
16	History	36	School Nurse	56	Physically Impaired
17	Home Economics	37	Counselor	57	Resource Specialist
18	Industrial Arts	38	French	58	ESL (English as a 2 nd Lang.)
19	Journalism	39	German	59	Government
20	Mathematics	40	Greek	60	Ed Specialist: Mild/Moderate
				61	Ed Specialist: Moderate/Severe