

ST. CLAIR COUNTY SUBSTITUTE TEACHERS FORMS

NAME _____

Address: _____

City: _____ Zip Code _____

County you reside in: _____ Phone: _____

**EXAMPLE of what is needed for the
Regional Office of Education**

I understand that my name, certificate type(s) and phone number will be included on a master substitute list. The list will be disseminated to all 27 school districts in St. Clair County.

Signature: _____

- Physical Examination
- Fingerprint-Based Criminal History Check
- Name not listed in Illinois Statewide Sex Offender Database
- Name not listed in Illinois Statewide Child Murderer and Violent Crimes Against Children Database
- Current Registered Illinois License

There is a \$5.00 Processing fee - (Cash or Check accepted)

Teachers are responsible for Fingerprint-Based Criminal History Check and fees related to the Physical Exam

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Bottom portion to be completed by St. Clair County Regional Office of Education Staff

____ Substitute Teacher Background Check Authorization Form

____ Substitute Teacher Permission Form

____ I-9 Form

____ Document 1 ____ Document 2 OR ____ Passport

____ DCFS Reporter Form

____ Preferred Subject Form

____ Name not listed in Illinois Statewide Child Murderer and Violent Crimes Against Children Database

____ Name not listed in Illinois Statewide Sex Offender Database

____ Physical Examination

____ Fingerprint-Based Criminal History Check

____ Paid Substitute Processing Fee

____ Current Registered Illinois License License Type _____