

Appomattox County Public Schools

Summer School Application Form 2020
Substitute Teacher

I am interested in substitute teaching Summer School. If selected and approved by the school board, I intend to accept the summer school assignment. Summer school will be Monday-Friday, June 8-26, 2020.

Substitute Teacher Name _____

Current School _____

Grade/Subject Areas of Endorsement _____

School Preference for Summer School _____

Subject Preference (high school/middle school) _____

Teacher will be notified by April 17, 2020 or as soon as possible thereafter of employment during the Summer Session.

Responses to the following questions will be used in giving priority to applicants.

1. If a summer school position is not available in your current school, are you willing to work in a different school?

___yes ___no

2. Will you be available for the full schedule of summer school?

___yes ___no

If not, when are you available? _____

Teacher Signature _____

Date _____

*Please return to your principal by
March 27, 2020*