Official Registration for Substitute Teachers

20 ____ to 20 ____

NAME OF BRANCH: _____

Please enter on this form the information on substitutes who have been employed as a teacher at least once from September 1 to December 31 of this school year, and who have not registered with any other branch, then return the completed summary form to the NLTA Office by **January 15** for reimbursement. **Please note: The individual Substitute Teacher Registration Forms completed by each substitute should remain with the branch.**

NAME OF SUBSTITUTE (Please Print)	ADDRESS	E-MAIL ADDRESS	PHONE

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