

**Leicester Public Schools**

Office of the Superintendent

1078 Main Street

Leicester, MA 01524

**Application for Substitute Paraprofessional**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Please check your preference:

\_\_\_\_\_ Grades 9 – 12

\_\_\_\_\_ Grades 3 – 5

\_\_\_\_\_ All Grade Levels

\_\_\_\_\_ Grades 6 – 8

\_\_\_\_\_ Grades K – 2

**Educational Preparation:**

**High School:**

\_\_\_\_\_ (name and location) (dates of attendance) (degree and year received)

**College:**

\_\_\_\_\_ (name and location) (dates of attendance) (degree and year received)

**Major Work Experience:**

1. \_\_\_\_\_ (name and location of employer) (position/nature of work) (dates of service)

2. \_\_\_\_\_ (name and location of employer) (position/nature of work) (dates of service)

**Experience working with children:**

Please list any experience that you have working with children, including Scouting, Little League, volunteer, church, or school related experiences.

\_\_\_\_\_ (experience) (location) (nature) (dates)

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