

**Capital Region BOCES ~ Substitute Registry  
Fax 464-3930**

**Administrator's Reference**

---

has my recommendation to be approved as a substitute teacher.

**I have met the applicant and would use him/her in my building.**

The following ***checked items*** are **not required** by BOCES for the

\_\_\_\_\_ school district.

\_\_\_\_\_ Interview

\_\_\_\_\_ Reference letters

\_\_\_\_\_ Reference check

Completed application will be sent to the district office for final approval.

Send this form to your district office for signature. They will fax it to BOCES.

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
School District

\_\_\_\_\_  
Title

\_\_\_\_\_  
District Office signature

\_\_\_\_\_  
BOCES Program Manager

\_\_\_\_\_  
Date