

SUBSTITUTE TEACHER/ APPRENTICE/ HELPER REQUEST

(All substitutes must be approved by the Skating School Director)



Date Submitted: _____

Name: _____

Date Replacement Requested: _____

Class(es) to be Covered: **Number/teachers currently assigned:** **Approx. number/students enrolled:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Proposed Substitute: _____

Do you feel that this substitute is qualified to fill your shoes (maturity, experience, background, personality, etc.)?: _____

Approved by: _____