

**PHOENIX CENTRAL SCHOOL DISTRICT**

116 Volney Street  
Phoenix, New York 13135  
(315) 695-1519

**APPLICATION FOR REGISTERED SCHOOL NURSE**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

TELEPHONE: \_\_\_\_\_  
(Business) (Home)

SOCIAL SECURITY#: \_\_\_\_\_ Resident of School District? \_\_\_\_\_  
Resident of Oswego County? \_\_\_\_\_

**EDUCATION AND TRAINING**

Type of School	Name of School	Dates	Date of Graduation	Major and Degrees

BIENNIAL REGISTRATION CERTIFICATE LICENSE# \_\_\_\_\_

STATE GRANTING LICENSE # \_\_\_\_\_ VALID UNTIL \_\_\_\_\_

MILITARY SERVICE: (If Applicable)

Branch \_\_\_\_\_ Dates of Service \_\_\_\_\_ to \_\_\_\_\_ Duty Outside U.S. \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Highest Rank of Grade \_\_\_\_\_ Present Status \_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_



IF YOU ARE INTERESTED IN BEING PLACED ON OUR SUBSTITUTE NURSE LIST, PLEASE COMPLETE THE REST OF THIS APPLICATION.

IF YOU DO NOT WISH TO SUBSTITUTE, PLEASE STOP HERE.

PHOENIX CENTRAL SCHOOL DISTRICT  
116 VOLNEY STREET  
PHOENIX, NEW YORK 13135

**SUBSTITUTE APPLICATION  
REGISTERED SCHOOL NURSE**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

**PLEASE CHECK THE DAYS YO WILL BE AVAILABLE:**

Monday	Tuesday	Wednesday	Thursday	Friday
_____	_____	_____	_____	_____

**PLEASE CHECK THE SCHOOL(S) IN WHICH YOU ARE WILLING TO WORK:**

\_\_\_\_\_ Michael A. Maroun Elementary School      \_\_\_\_\_ Emerson J. Dillon Middle School  
\_\_\_\_\_ John C. Birdlebough High School

**PLEASE LIST ANY OTHER WORK RESTRICTIONS:**

\_\_\_\_\_  
\_\_\_\_\_