



BUFFALO TRAIL PUBLIC SCHOOLS
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Name:			
Phone Number:		Cell Number:	
Email Address:			
I would like my name to be placed on the educational assistant list for the following schools for the upcoming school year. I authorize that my email address may be shared with staff at schools who wish to contact me via email: <div style="text-align: center;">_____</div> Signature			

Please check the schools you are willing to sub at. For a copy of our map, please see our website www.btps.ca About Us Division Map.

Legend: *Elementary, ** Elementary/Jr High, ***K to 12, **** Jr/Sr High ***** Gr 4 to 12			
<input type="checkbox"/> Amisk *	<input type="checkbox"/> Autumn Leaf**	<input type="checkbox"/> Creighton**	<input type="checkbox"/> Delnorte/Innisfree***
<input type="checkbox"/> Dewberry***	<input type="checkbox"/> Dr. Folkins/Chauvin ***	<input type="checkbox"/> E.H. Walter/PV***	<input type="checkbox"/> Edgerton***
<input type="checkbox"/> Highland View **	<input type="checkbox"/> Holt **	<input type="checkbox"/> Hughenden *****	<input type="checkbox"/> Irma ***
<input type="checkbox"/> J. R. Robson/Vermilion *****	<input type="checkbox"/> Kitscoty Elementary*	<input type="checkbox"/> Kitscoty High *****	<input type="checkbox"/> Mannville***
<input type="checkbox"/> Marwayne Jubilee ***	<input type="checkbox"/> Percy Lake **	<input type="checkbox"/> Provost ***	<input type="checkbox"/> Ribstone **
<input type="checkbox"/> Rosewood **	<input type="checkbox"/> South Ferriby**	<input type="checkbox"/> Vermilion Elem.*	<input type="checkbox"/> Wainwright Elem. *
<input type="checkbox"/> Wainwright High *****			