

Central Office Use Only

Please print the information below to the right of each option.

STAFF INFORMATION	
<i>Staff Information</i>	<i>Please Fill In</i>
<i>Staff (First Middle Last)</i>	
<i>Staff Home Address</i>	
<i>Date of Birth / Gender</i>	
<i>Social Security Number</i>	
<i>Marital Status</i>	
<i>Phone Number (please indicate if unlisted)</i>	Home: _____ Cell: _____
<i>Personal Email Address</i>	

DEMOGRAPHIC INFORMATION	
This data is required information by the state. In an effort to clean up the data and ensure that it is accurate we would like you to select the most appropriate fields for you.	
Demographic Type	Please Circle One From Each
<i>Reporting Ethnicity</i>	American Indian, Asian, Black, Pac Islander or Am Indian, White
<i>Federal Ethnicity</i>	Hispanic (Y/N)
<i>Race</i>	American Indian, Asian, Black, White, Hispanic, Two Or More Races

EMERGENCY CONTACT INFORMATION	
The following information is required in case you become ill or injured at school or in the event of an emergency. Please list three adults who can act in your absence to assume responsibility for you.	
Emergency Contact Information	Please Fill In
<i>Contact 1 / (relation to staff)</i>	
<i>Phone / Phone Type</i>	
<i>Contact 2 / (relation to staff)</i>	
<i>Phone / Phone Type</i>	
<i>Contact 3 / (relation to staff)</i>	
<i>Phone / Phone Type</i>	

EMERGENCY MEDICAL CONTACT INFORMATION	
Emergency Medical Information	Please Fill In
<i>Doctor Name</i>	
<i>Doctor Number</i>	
<i>Dentist Name</i>	
<i>Dentist Number</i>	
<i>Allergies</i>	
<i>Other Medical Considerations</i>	

Signature _____

Date _____

Internal use only:

PowerSchool ID # _____

Location _____

Revision Date: 8-11-21

Entered in PowerSchool: _____