EMPLOYEE DATA SHEET

NEW () CHANGE ()	UP-DATE ()	
Ple	ase check one. Please print	all information.	
NAME:			
HOME ADDRESS:			
CITY:	STATE:	ZIP:	
HOME TELEPHONE:	CELL NUMBER:		
EMAIL ADDRESS (OTHER T	THAN SCHOOL ADDRES	SS):	
PRO	VIDE TWO EMERGEN	CY CONTACTS	
NAME:			
	RELATIONSHIP:		
CITY:	STATE:	ZIP:	
CONTACT PHONE NUMBER	RS:		
NAME:			
ADDRESS:	R	ELATIONSHIP:	
CITY:	STATE:	ZIP:	
CONTACT PHONE NUMBER	RS:		
YOUR SIGNATURE:		DATE:	

Please fill out initially and each time there are any changes. Return to District Office. Thank you!