



LINCOLN HIGH SCHOOL STAFF INFORMATION

School Year _____

Last Name	First Name	Middle Name	Employee ID #

Address	City	Zip Code

Home Telephone (include area code)	Cell Phone (include area code)	Telephone numbers – if unlisted, may this numbers be released to other staff members
		<input type="checkbox"/> YES <input type="checkbox"/> NO

Room #	Teaching Assignment

District E-Mail (sandi.net)	E-Mail

INFORMATION NEEDED IN CASE OF EMERGENCY

This information will be kept confidential (optional)

Whom to call in case of emergency	Telephone Number (include area code)

Physician to call in case of emergency	Telephone Number (include area code)

Any other information that we need to know?

DOB (optional) Month/Day

FOR SCHOOL USE ONLY

PAR# :	Date Submitted:	E-mail:
Copy Code:	Comments:	