

EAST WINDSOR PUBLIC SCHOOLS

**THIS FORM SHOULD BE COMPLETED BY ALL EMPLOYEES. RETURN THE COMPLETED FORM TO YOUR SCHOOL SECRETARY. A COPY WILL BE SENT TO THE CENTRAL OFFICE FOR FILING IN YOUR PERSONNEL FOLDER.**

**PERSONAL DATA:**

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street

City State Zip Code

Position \_\_\_\_\_ School \_\_\_\_\_

Home Telephone \_\_\_\_\_

Cell Phone: \_\_\_\_\_

***Which phone number would you like us to use for School Messenger so that you may receive important notifications as they occur? Please check one. Home  Cell***

I prefer not to have my photograph published in the district directory.

**EMERGENCY INFORMATION**

In events involving a serious accident or other such major emergency, hospital authorities, police, or others to submit pertinent information request the school system. Providing this information is optional, but if provided, it will be available for use in an emergency.

Employee's Physician \_\_\_\_\_ Telephone # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Please indicate below the names of two or three persons who could be contacted should you be involved in an accident or other emergency.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_