

New Staff Form for Infinite Campus

Address Information for Your Household

Physical Address: _____
Number Street Apt/Lot

Mailing Address: _____
(Only if different) P.O. Box (Or other mailing address)

City State Zip Code

Home Phone: (____) _____ - _____ *(Please list home phone- if you only have a cell phone, leave blank.)*
 Check here if this phone number is unlisted. Date of Hire: _____

Work Location:
 BES SES CCE
 PCMS PCHS
 Alt. Ed Annex CO
 Other: _____

PLEASE USE BLACK OR BLUE INK

Staff Name *(Please list your full legal name- not nicknames, shortened names, initials, etc .)*

Name: _____
(First) (Middle) (Maiden) (Last)

Work Phone: (____) _____ - _____ Extension _____ *(4 digit extension to your room if in a school)*

Cell Phone: (____) _____ - _____ Email Address: _____

Social Security Number: _____ - _____ - _____ Birth Date: ____/____/____

Job Title: _____ Staff ID Number: _____

Spouse *(Please list your spouse or significant other in your home)*

Name: _____
(First) (Middle) (Last)

Employer: _____ Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____ Email Address: _____

Emergency Contacts For the Staff Member

Please list persons in this section whom you would like us to call in the event that you have an emergency while at work. These are people who we should contact for you, not your children.

Contact Person	Home Phone	Cell or Work Phone	Relationship to You
1. _____	(____) _____	C or W(____) _____	_____
2. _____	(____) _____	C or W(____) _____	_____
3. _____	(____) _____	C or W(____) _____	_____
4. _____	(____) _____	C or W(____) _____	_____

Children Enrolled in Our Schools- Fill out this section if you have children enrolled in Powell Co. Schools

Student Names: Please list the legal first, middle, and last name of each child. List only children who live in your home AND are enrolled in our district.

First Name	Middle Name	Last Name	First Name	Middle Name	Last Name
1. _____	_____	_____	3. _____	_____	_____
2. _____	_____	_____	4. _____	_____	_____