

Information Management System

Staff Information	
Staff Name:	Staff Nickname:
Birthdate:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> MtF <input type="checkbox"/> FtM	
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Racial Group (Select All That Apply):	
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> White	
What language is spoken in the student's home/residence: <input type="checkbox"/> English <input type="checkbox"/> Other	
What language does the student speak: <input type="checkbox"/> English <input type="checkbox"/> Other	
County Student/Adult resides:	
Employed at Holy Childhood in: <input type="checkbox"/> School Program <input type="checkbox"/> Adult Program	

Staff Special Alerts
Height:
Weight:
Hair Color:
Eye Color:
Medical Alerts:

Staff Information	
Staff Name:	
Physical Address:	
City:	Zip:
County:	
Mailing Address:	
City:	Zip:
Primary Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Receive mailings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Number:	
Landline #:	Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell #:	Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No
Work #:	Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Email:	
Personal Email:	

Emergency Contact Information	
Emergency Contact Name #1:	Emergency Contact Name # 2:
Relationship:	Relationship:
<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother	<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother
<input type="checkbox"/> Father <input type="checkbox"/> Stepfather	<input type="checkbox"/> Father <input type="checkbox"/> Stepfather
<input type="checkbox"/> Spouse <input type="checkbox"/> Other	<input type="checkbox"/> Spouse <input type="checkbox"/> Other

### Information Management System

Physical Address: City:      State: Zip:	Physical Address: City:      State: Zip:
Phone Number: Landline #:              Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No Cell #:                      Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No Work #:                      Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number: Landline #:              Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No Cell #:                      Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No Work #:                      Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	Email:
Authorized to pick-up: <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized to pick-up: <input type="checkbox"/> Yes <input type="checkbox"/> No

Job Coach
Fill out this section <b>only</b> if staff has a job coach
Job Coach:
Job Coach Agency:
Physical Address: City:                              Zip:
Mailing Address: City:                              Zip:
Phone Number: Landline #:              Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No Cell #:                      Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No Work #:                      Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email: