CREEK VIEW ELEMENTARY SCHOOL
STAFF INFORMATION SHEET
2004-2005

Ms.
Mrs. _____
Mr. Last First Middle
Dr.

Social Security Number: _____ Date of Birth: _____
Month/Day

Position: _____ CASE PIN NO. _____
New Teachers Only: Attach a copy of your Certificate.

Home School: (if not Creek View) _____% of Time at Creek View _____
*** Itinerate Personnel: Attach a copy of monthly scheduled with day/times/Include other schools.***

Home Address: _____

_____

_____

Telephone Number: _____ Cell Phone: _____
(Option

Permission to publish in **staff** directory: **Yes** **No** **(distribution to faculty/staff only)**

Car Make/Model/Color: _____ TAG: _____

MEDICAL INFORMATION

Emergency Contact: _____ Relationship: _____ Telephone #: _____

Doctor's Name: _____ Doctor's Telephone #: _____ Hospital Preference: _____

Special Directions or Medical Concerns: (Optional) _____

_____

_____

IT IS THE POLICY OF THE FULTON COUNTY BOARD OF EDUCATION THAT NO PHYSICAL PUNISHMENT BE ADMINISTERED TO STUDENTS. I UNDERSTAND THIS POLICY AND WILL ABIDE BY IT!

SIGNED: _____ **DATE:** _____

Please return to Cathy Aielli by Wednesday, August 4, 2004