

Clark County School District
PERSONAL INFORMATION

School Location Code: ____ ____ ____

Date: _____

(Print) Last	First	M.I.	SSN# (Last Four Digits)
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Street Address	Apt. No.
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City	State	Zip Code	Phone Number
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School or Dept.	Position	Grade or Subject, etc.
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Signature: _____

**If you are making a name change, you must contact
Human Resources to obtain a complete packet.**

(OVER)

In case of emergency notify:

Name

Relationship

Street Address

City

State

Zip

(_____)_____
Phone Number