ENTER ONLY THE CHANGED INFORMATION ALONG WITH YOUR NAME. PLEASE TO PRINT CLEARLY!!!

ORCUTT UNION SCHOOL DISTRICT and ACADEMY CHARTER

EMERGENCY CONTACT INFORMATION

Year: ____ **Your Name:** Worksite: Address: City/State/Zip: **Primary Phone:** Listed Unlisted Secondary Phone(s): Personal Email Address: Administrator Regular Teacher Hourly / Substitute Teacher Coach RELATIVE OR FRIEND TO BE CALLED IN CASE OF EMERGENCY: Name: Relation: Address: City/State/Zip: **Home Phone:** Work Phone: Other Phone: (cell and/or pager):

RETURN TO: HUMAN RESOURCES DEPARTMENT

NOTE:

PLEASE CONTACT PAYROLL AND/OR HUMAN RESOURCES IF ANY OF THE ABOVE INFORMATION CHANGES DURING THE COMING SCHOOL YEAR.