

**Southeastern California Conference
NEW STUDENT DATA COLLECTION**

Name: _____

Home Address: _____

Home Phone: _____ e-mail Address: _____

Grade: _____ School: _____

Sex: Male Female

Ethnicity: American Indian/Alaskan Native Black or African American Asian White
 Native Hawaiian or Pacific Islander Hispanic or Latino Two or More Races

Birthdate: _____ Age: _____

Social Security: _____

Employee Signature

Date

Following document MUST accompany this form:

- I-9 Form
- W-4 Form
- Copy of Social Security Card
- Work Permit (Needs to be done every school year)

(BUSINESS OFFICE USE ONLY)

Beginning Date: _____ Ending Date: _____

Rate per hour: \$ _____

(Please mark one)

Job Duties: Clerical Custodial/Maintenance Other _____

Signature of School Official

Date