Campus _____

# PEIMS DEMOGRAPHIC INFORMATION SHEET

_____/_____/_____/_____
Mr. Mrs. Miss Ms. First Middle Last

Home Address _____ City _____

Zip _____ Telephone _____/_____/_ _____

Mailing Address _____ City _____

Zip _____ Ethnic Group _____

B Black, not Hispanic
A Asian/ Pacific Island
I Amer. Ind./ Alaskan
H Hispanic
W White, not Hispanic

M F _____ DOB _____

Social Security # _____

Marital Status _____ M Married S Single

Drivers License _____ _____
State Number

Position _____
(Clerical, Aide, Cafeteria, Teacher, Counselor, etc.)

Degree _____ N Non-Degreed B Bachelor M Master D Doctorate

<u>Teachers Only:</u> Grade Level _____ Subject _____

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**Additional:**

Spouse Name _____/_____/_____/_____/_____
Title First Middle Last Gen.

Spouse Employer _____/_____
Name Address

_____/_____/_____/_____/_____
City State Zip Code Phone Ext.

Spouse Ethnic Group _____ DOB _____

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**Optional:**

Emergency _____/_____/_____/_____/_____
Title First Middle Last Gen.

Emergency _____/_____ Relationship _____
Phone Ext.