

Wilsona School District  
**CONTACT DATA / CHANGE OF ADDRESS**

Name:

Address:

City, Zip Code:

Home Phone Number:

Cell Phone #:

Email Address (to be used with absence/sub calling system and notification program):

Directory Listing (select one):

(Information may be shared with Union Representatives)

However, your information will be placed in our HRS system as well as our contact notification system and power schools.

- A** = Name and Address only
- B** = All Information
- C** = Name only
- P** = Name and phone number only
- S** = Unlisted, Nothing is printed

Date of Birth (MM/DD/YY):

**EMERGENCY CONTACT INFORMATION**

Name:

Relationship:

Phone Number:

Alt. Phone #:

**Sign and send to Personnel – Original signature needed to make changes**

Signature:

Date:

DISTRICT USE

Payroll: Rec'd \_\_\_\_\_ Posted: \_\_\_\_\_ Processed by: \_\_\_\_\_

Personnel: Rec'd \_\_\_\_\_ Posted: \_\_\_\_\_ Processed by: \_\_\_\_\_