800 E. Crawford Street
Prairie du Chien WI 53821

Phone: 608.326.3700
Fax: 608.326.0000

Prairie du Chien Area School District

We appreciate your support of our students and teachers and your cooperation in filling out this form. Please be advised that information supplied on this form may be verified. Any individual supplying incorrect or misleading information will not be able to participate in programs. THANK YOU.

PERSONAL INFORMATION:

NAME:_____ (First, Middle Initial, Last)
BIRTH DATE:_____

RESIDENTIAL ADDRESS:

_____

STREET CITY STATE ZIP

TELEPHONE #:
CELL:_____HOME:_____

E-MAIL:_____

CURRENT EMPLOYER:_____
EMPLOYER TELEPHONE #_____

Please list two references (not related to you):
1._____Tel#:_____
2._____Tel#:_____

Have you ever been convicted of any felony or misdemeanor classified as an offense against a person or family, public indecency, or a violation involving a state or federally controlled substance?
Yes_____ No_____

Are you a registered sex offender in any state? Yes_____ No_____

I submit that the information provided is accurate and true and authorize any verification which may be required.

_____ _____
Signature **Date**

<u>Please give to Jackie Rodenberg, District Administrative Assistant</u>