

**DEMOGRAPHIC DATA  
2008-2009**

PROFESSIONAL  PARAPROFESSIONAL  MAINTENANCE  CAFETERIA

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
(Print)

CAMPUS ASSIGNMENT: \_\_\_\_\_

MAILING ADDRESS: (yours) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

ETHNIC GROUP:     I Amer Ind/Alaska Native     B Black, Not Hispanic  
                          A Asian/Pacific Island             W White, Not Hispanic  
                          H Hispanic

SEX:  M  F    DATE OF BIRTH: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_

MARITAL STATUS:  M MARRIED     S SINGLE     D DIVORCED

NAME OF HUSBAND OR WIFE : \_\_\_\_\_

**PLEASE ANSWER ALL QUESTIONS ON THIS SHEET.**

IF AT ANY TIME DURING THE COMING SCHOOL YEAR YOU HAVE A CHANGE OF ADDRESS, MAILING OR STREET, OR CHANGE OF TELEPHONE NUMBER, PLEASE CONTACT THE SCHOOL BUSINESS OFFICE AT ONCE.