

**OSCEOLA COUNTY DISTRICT SCHOOLS
Kissimmee, FL 34744**

FULL NAME:			
ALIASES: ie: Maiden Name:			
SOCIAL SECURITY NUMBER:			
COMPANY/ASSOCIATION NAME:			
COMPANY ADDRESS:	Street:		
	City:	State:	Zip Code:
COMPANY PHONE NUMBER:			
CONTACT PERSON:	Name:	Department:	
POSITION - Check one:	<input type="checkbox"/> Vendor (outside contractor)		
	<input type="checkbox"/> County Employee (nurse, librarian)		
	<input type="checkbox"/> Sports Official		
DATE OF BIRTH:	Year:	Month:	Day:
GENDER - Check one:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
RACE - Check one:	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Black	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Native American *	
	Hispanic (check one):	<input type="checkbox"/> White	<input type="checkbox"/> Black
	(*American Indian, Eskimo, Alaskan Native)		
HEIGHT:	Feet: _____	-	Inches: _____"
WEIGHT:	Pounds: _____		
EYE COLOR - Check one:	<input type="checkbox"/> Blue	<input type="checkbox"/> Black	<input type="checkbox"/> Brown
	<input type="checkbox"/> Maroon	<input type="checkbox"/> Gray	<input type="checkbox"/> Green
	<input type="checkbox"/> Hazel	<input type="checkbox"/> Pink	<input type="checkbox"/> Multi-Colored
HAIR COLOR - Check one:	<input type="checkbox"/> Black	<input type="checkbox"/> Blonde/Strawberry	
	<input type="checkbox"/> Brown	<input type="checkbox"/> Gray	<input type="checkbox"/> Red
	<input type="checkbox"/> Bald	<input type="checkbox"/> Sandy	<input type="checkbox"/> White
PLACE OF BIRTH:	State:	Country:	Citizenship:
HOME ADDRESS:	Street:		
	City:	State:	Zip Code:
HOME/CELL PHONE:			
SUB CONTRACTOR NAME:			
SUB CONTRACTOR ADDRESS:	Street:		
	City:	State:	Zip Code:
SUB CONTRACTOR PHONE NUMBER:			
CONTACT PERSON:	Name:	Department:	
Current School District Employee:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
EMAIL ADDRESS:			
SIGNATURE:			
DATE:			