

SAUSALITO MARIN CITY SCHOOL DISTRICT
200 PHILLIPS DRIVE
MARIN CITY, CA 94965

PERSONAL DATA SHEET

Date: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone _____

Personal Email _____ Work Email _____

Position: _____ Location: _____

Doctor to be called in case of emergency: _____

Address: _____ Phone: _____

Hospital to which I should be taken if necessary: _____

In case of emergency, contact the following person/persons:

Name: _____ Relationship: _____ Phone: _____

Address: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____

Note: It is the responsibility of the employee to notify the District Office of any changes in the information listed above.