



THE DURHAM DISTRICT SCHOOL BOARD

IDENTIFICATION

LEGAL LAST NAME:

LEGAL FIRST NAME:

MIDDLE NAME:

PREFERRED LAST NAME:

PREFERRED FIRST NAME:

SIN #

BIRTH DATE (YYYY/MM/DD):

GENDER (M/F/S/N):

Are you OCT certified? Y N (select one)

If yes, enter OCT#:

Are you a member of the Ontario College of ECEs? Y N (select one)

If yes, enter College of ECE #:

CONTACT INFORMATION

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

TELEPHONE PHONE #:

CELL PHONE #:

PERSONAL EMAIL ADDRESS:

EMERGENCY CONTACT INFORMATION

RELATIONSHIP: (Family / Friend / Other)

LAST NAME:

FIRST NAME:

CELL PHONE #:

WORK PHONE #

HOME PHONE #

EMAIL ADDRESS:

ADDITIONAL INFORMATION

Are you a retired teacher? (circle) Y N

Are you currently *collecting* Teacher's Pension (retirees only)? (circle) Y N

Are you currently *collecting* O.M.E.R.S. pension (retirees only)? (circle) Y N