

**SCHOOL DISTRICT OF THE CITY OF HARPER WOODS
HARPER WOODS, MI 48225-1395**

TO BE COMPLETED BY ALL EMPLOYEES

Directory/Emergency Information 2015-2016

NAME OF EMPLOYEE _____
BUILDING _____ POSITION _____
GRADE OR SUBJECT TAUGHT _____
HOME ADDRESS _____ CITY _____ ZIP _____
PHONE _____ ALTERNATE PHONE _____
ALTERNATE E-MAIL ADDRESS _____ (Optional)

PLEASE
CHECK BOX IF
THIS IS A NEW
ADDRESS BEING
REPORTED.

HIGHLIGHT INFORMATION ABOVE YOU DO NOT WANT SHARED WITH DISTRICT EMPLOYEES

****THIS INFORMATION BELOW IS NOT SHARED UNLESS IN AN EMERGENCY SITUATION ONLY****

IN CASE OF EMERGENCY

NAME _____
ADDRESS _____ PHONE _____
BUSINESS ADDRESS _____ PHONE _____
RELATIONSHIP _____

If first choice is unavailable, please contact:

NAME _____
ADDRESS _____ PHONE _____
BUSINESS ADDRESS _____ PHONE _____
RELATIONSHIP _____

Any changes in the information listed above must be recorded immediately.

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