



**M.S.A.D. No. 75
District Registration
Form**

Please thoroughly complete all sections below.

GENERAL INFORMATION

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt/Bldg #: _____

City: _____ State: _____ Zip: _____

Mailing address (if different from above): _____

Personal E-mail Address: _____

Cell Phone: _____ Home (landline) Phone: _____

Work Phone: _____

Date of Birth: _____ Social Security #: _____

Gender: Male Female

Ethnicity: Caucasian/White African American/Black Hispanic

American Indian/Native Alaskan Asian or Pacific Islander

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to Employee: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Cell Phone: _____

SCHOOL MESSENGER

I prefer to receive notifications about snow days, school closures, etc. on my (check one):

Cell Phone

Home Landline Telephone

No Notification

Position Hired For: _____

How many years have you worked in this type of position (i.e. cook, bus driver, principal, teacher etc.) including all experience in public and private schools in or out of the State of Maine?

Highest level of Education achieved: This would be the Degrees(s) you have obtained and /or the number of years completed toward a degree (Examples; High School, Two years of college, Associate, Bachelor, Masters+15, Doctorate)

Please list below any Licensure you hold (Nurse, Occupational Therapist, Psychologists, Speech/Hearing Clinician, Social Worker)

License: _____

License Number: _____

Expiration Date: _____

Please return to Human Resources upon completion

Office Use Only

HR: Date of Hire _____ Location _____ Replaces _____

NEO/MEDMS Number _____ School Pro/IV _____

IT: _____ Gmail _____ IC _____ iObservation