



Dr. Michelle Balch., Superintendent

# EASTHAMPTON PUBLIC SCHOOLS

EASTHAMPTON MUNICIPAL BUILDING

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## SUBJECT INFORMATION:

(copy of driver's license or government picture identification must be attached to this form)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (if applicable)

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
PLACE OF BIRTH

Last six Digits of Your Social Security Number (required)    xxx - \_\_\_\_ - \_\_\_\_

Sex: \_\_\_\_    Height: \_\_\_\_ ft. \_\_\_\_ in.    Eye Color: \_\_\_\_    Race: \_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

\_\_\_\_\_  
Mother's Full Maiden Name

\_\_\_\_\_  
Father's Full Name

Current and Former Addresses

\_\_\_\_\_  
Street Number & Name City/Town, State, Zip

\_\_\_\_\_  
Street Number & Name City/Town, State, Zip

The above information was verified by reviewing the following form(s) of government issued identification:  
(a copy of picture identification must be attached to this form)

\_\_\_\_\_  
Verified by: \_\_\_\_\_  
Name of Verifying Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying Employee

*A great place to learn and grow.*