WAKULLA COUNTY SCHOOL BOARD

Student Information Form
FDLE Background Check

Personal Information [PLEASE PRINT]:

Name (from SS card) _____

Social Security Number* _____-_____-_____

Gender _____   Race _____   DOB _____/_____/_____

Mailing Address _____

(City, State, Zip) _____

Home Telephone Number _____ Is this an <u>unlisted</u> number? _____

Cell Phone _____

Emergency Contact Information:

In case of an emergency, please contact:

Name _____

Relationship _____

Telephone _____

* **Criminal history, Level 1 and level 2 background checks / Identifiers for processing fingerprints by Department of Law Enforcement/ Registration information regarding sexual predators and sexual offenders authorized by Fla. Stat. § 943.04351, if SSN is available.** [Required by Fla. Admin. Code 11C-6.003 and Fla. Stat. § 119.071(5) (a)2 6]