Vital Statistics Information Form

Formal Legal Name: First Name	Full Middle Name	Last Name
Maiden Name:		
Student(s) Names (s)		
Home, Street Address: City/Town, State & Zip:		
Home Telephone Number:		<u> </u>
Cell Telephone Number:		
Place of Employment:		
Employment Address:		
Employer Telephone Number:		
I affirm that I have been a resident of the Cor (10) years and I affirm that I have not been a laws of Pennsylvania, the United States or or of Columbia or the Commonwealth of Puerto indicate any crimes of which you have been a	rrested and/or convicted of ne of its territories or posse Rico or a foreign nations.	f any crimes under laws or former essions, another state, the District If you cannot so certify, please
I further affirm that I have not been named as the Pennsylvania Child Protective Services L		eport of child abuse pursuant to
I understand and agree that if, following subnunder the lawn of Pennsylvania, the United S the District of Columbia or the Commonwealt provide the building principal with written noti	State or one of its territories th of Puerto Rico or a forei	s or possessions, another state, gn nation, I must immediately
Date:		
	Signature	of Volunteer
	(Please pr	 rint name)