

EMPLOYEE INFORMATION SHEET
ST. MARIES JOINT SCHOOL DISTRICT NO. 41
P. O. Box 384 – 240 S. 11th Street
St. Maries, ID 83861

SCHOOL YEAR:
2025-2026

Legal Last Name _____ Legal First Name _____ Legal Middle Name _____

Preferred Name: _____
 (If Different From Above)

Date of Birth: _____ Place of Birth: _____

Home Phone: _____ Cell Phone: _____

County of Residence:
 Benewah Shoshone
 Kootenai Other

Male Female

Physical Address: _____
 _____ City State Zip

Mailing Address: _____
 _____ City State Zip

E-Mail Address: _____

Race and Ethnicity: **Note: Both Part A and Part B must be answered:**

Part A: Hispanic/Latino? (choose only one)

- No, not Hispanic/Latino
 Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be:

Part B: Please choose your race (one or more)

- American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment)
 Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
 Black/African American (A person having origins in any of the black racial groups of Africa.)
 Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
 White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

EMERGENCY INFORMATION

In the event of an emergency, please list below **local** relatives or friends the school office may contact in case of illness or emergency:

First Emergency Contact: _____ Home Phone: _____
 Relationship: _____ Cell Phone: _____
 Work Phone: _____

Second Emergency Contact: _____ Home Phone: _____
 Relationship: _____ Cell Phone: _____
 Work Phone: _____

SIGNATURE: _____

DATE: _____