

The Public Schools of Northborough and Southborough

Name _____
First Name Middle Name Last Name

Address _____

Social Security # _____ - _____ - _____ Gender M F Date of Birth ____ / ____ / ____

Please indicate the order of preference for emergency calls (i.e. school cancellation notification) by numbering the corresponding boxes below:

Home Phone _____ Cell Phone _____ Email _____

Education:

Degree _____ Institution _____ Major _____ Year _____

Degree _____ Institution _____ Major _____ Year _____

Degree _____ Institution _____ Major _____ Year _____

Degree _____ Institution _____ Major _____ Year _____

Massachusetts DESE License Number _____ Date of Issue ____ / ____ / ____

Do you have a MEPID (Massachusetts Education Personnel ID)? Yes No If yes, please provide number _____

Are you DESE Highly Qualified? Yes No Non-Applicable Unknown

Date of successful completion of MTEL test ____ / ____ / ____

Position _____ Subject/Grade _____

The following information is required for DESE reporting:

Please select one:

- I am not Hispanic or Latino
- I am Hispanic or Latino, a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

Select one or more:

- I am White: a person having origins in any of the original peoples of Europe, the Middle East, or North American
- I am Black or African American: a person having origins in any of the black racial groups of Africa
- I am American Indian or Alaskan Native: a person having origins in any of the original peoples of North and South American including Central America, and who maintains tribal affiliation or attachment
- I am 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 Philippines, Thailand and Vietnam
- I am Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Signature _____ Date ____ / ____ / ____