

The following information needs to be provided to Lillie Crossland prior to the sub training on the 13th if at all possible. This information is needed for the background checks and fingerprinting and if provided prior to the training, hopefully we can prevent delays on the day of training. You may email the information to lcrossland@dewitt.k12.ar.us or take it by her office at 422 W 1st Street in DeWitt. All information will be kept confidential. Thank you for your cooperation.

Last Name: _____ First Name: _____ Middle Name: _____

Aliases (AKA): _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____

DOB: _____

Citizenship: _____ Sex: _____ Race: _____ Ht: _____ Wt: _____

Eyes: _____ Hair: _____ Place of Birth: _____

Social Security Number: _____

Driver's License Number: _____ State of Issue: _____