

Certified Questionnaire

To be completed and returned to building principal at the end of the first full week of school.

NOTE: This information is used to update our Duncan Public Schools Certified Personnel Directory. If you do not wish to have this information published, please complete the bottom of this page.

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ Cell Phone * _____

If you do not have a telephone, please give a telephone number where you can be reached

*Cell Phone numbers **WILL NOT** be published. This number will be in your file in case of emergency.

TEACHING ASSIGNMENT: _____

SUBJECT (S) _____

GRADES (S) _____

BUILDING: _____

ATTENTION: If you work at more than one building please list all buildings below in the multi-building area and indicate HOMEBASE.

FOR MULTI-BUILDING TEACHERS:

INDICATE HOMEBASE

PRINCIPALS: Please collect a questionnaire from each teacher or certified employee and return to Kasey at Central Office, by the end of the first full week of school.

I **do not** wish to have my _____ (please check all that apply)

_____ address

_____ phone number

published in the Duncan Public Schools Certified Personnel Directory.

Signature

Date