

Staff Directory Information

LA GRANGE AREA DEPARTMENT OF SPECIAL EDUCATION

Please provide the information below for posting in our LADSE Directory.
Remember to notify the Human Resources Office if you move or have a name change.

Name: _____ Date: _____

Address: _____

City-State-Zip: _____

Phone: _____ Birthday: (Month/Day) _____

Cell phone:(optional) _____

Also, please review the following options and check accordingly.

- I would like my address and phone number to be UNLISTED.
- I would like my cell phone number to be UNLISTED

EMERGENCY INFORMATION IS REQUIRED.

Emergency Contact Name: _____ Relation: _____

Emergency Phone: _____

Emergency Contact Name: _____ Relation: _____
(Not living at your address)

Emergency Phone: _____
(Not living at your address)