Howe Independent School District

ECOS UPLOAD FORM

FILL IN NAME EXACTLY AS INDICATED ON YOUR DRIVERS LICENSE

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

SOCIAL SECRUITY # _____ D.L. STATE _____ D.L. NUMBER _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

MO. _____ DAY _____ YEAR _____ PHONE NUMBER _____

DATE OF BIRTH

CURRENT EMAIL ADDRESS _____

HAVE YOU BEEN FINGERPRINTED FOR A PUBLIC SCHOOL DISTRICT ? YES NO (CIRCLE ONE)

ARE YOU CERTIFIED THROUGH SBEC? YES NO (CIRCLE ONE)

SIGNATURE _____

PLEASE READ

SENATE BILL 9 REQUIRES DISTRICT EMPLOYEES AND SUBSTITUTES TO BE FINGERPRINTED .