

## LVISD Demographic Data – PEIMS

Employee # \_\_\_\_\_ Social Security \_\_\_\_\_

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                     First                      Middle                      Last                      Generation

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Sex: M / F Ethnic Group(s) (choose # from box below) \_\_\_\_\_

Driver's License: State \_\_\_\_\_ DL# \_\_\_\_\_

Class \_\_\_\_\_

Restrictions \_\_\_\_\_ Exp. \_\_\_\_\_

- 1 - American Indian/Alaska Native
- 2 - Asian/Pacific Island
- 3 - Black, Non Hispanic
- 4 - Hispanic
- 5 - White, Non Hispanic

**Emergency Contact Information**

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Spouse Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                     First                      Middle                      Last                      Generation

Spouse Employer \_\_\_\_\_ / \_\_\_\_\_  
                                     Company Name                                      Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

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Emergency Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                     First                      Middle                      Last                      Generation

Relationship (mother, father, wife, etc.) \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_