

GOOSE CREEK C.I.S.D. COACHES' INFORMATION SHEET

(please print all information)
(information is for Athletic Department use only)

NAME: _____,
(last) (first) (middle)

HOME ADDRESS: _____
Street City Zip Code

HOME PHONE: _____ CELLULAR PHONE: _____

SCHOOL E-MAIL ADDRESS: _____

HOME E-MAIL ADDRESS (optional): _____

EMPLOYEE ID: _____

DATE OF BIRTH: _____ TEACHING EXPERIENCE (years): _____

SCHOOL (where you will coach): _____

AREAS OF CERTIFICATION: _____

COACHING ASSIGNMENTS FOR THIS YEAR: Sport 1 _____

Sport 2 _____

Sport 3 (jr. high) _____

SCHOOL (where you will teach, if different from coaching): _____

TEACHING ASSIGNMENT: _____

BACHELOR'S DEGREE FROM: _____ YEAR GRADUATED: _____

MASTER'S DEGREE FROM: _____ YEAR GRADUATED: _____

ARE YOU BUS CERTIFIED? (circle one) YES NO IF NO, please provide plan
for obtaining certification: _____

EMERGENCY INFORMATION:

EMERGENCY CONTACT: _____ PHONE: _____

OTHER EMERGENCY CONTACT: _____ PHONE: _____