

Defiance City Schools LPDC

**Data Sheet**

**Submit this form to the LPDC (district office)**

**by the first Friday in September**

**Only new teachers or teachers who have changes affecting their data sheet information need to turn in this form**

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_

Grade/Position \_\_\_\_\_

Years Teaching Experience \_\_\_\_\_

Type of Current Certificate(s)

_____	Issue Date	_____	Expiration Date	_____
_____	Issue Date	_____	Expiration Date	_____
_____	Issue Date	_____	Expiration Date	_____

Home Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Home Address

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

**\*Make a copy of this for your personal file\***