



CHALLENGER LEARNING CENTER

AT HEARTLAND COMMUNITY COLLEGE

2011-12 Educator Data Form

Educator/Staff: Please print the educator data and emergency information form below.

Legal Name: _____ Gender: Male / Female Birthdate: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

County (circle one): DeWitt Livingston Logan McLean Tazewell Other: _____

School

School Phone #

Cell Phone #

E-mail Address

I am attending the CLC as a:

- Educator
- Staff
- Other _____

The following demographic items are requested for state reporting:

Male Female

Are you Hispanic or Latino? Yes No

Are you from one or more of the following racial groups?

American Indian/Alaskan Native Asian Black/African American

Native Hawaiian/Other Pacific Islander White Choose Not to Respond

Identify your primary racial group from the list above: _____

Are you in the United States on a Visa-Nonresident Alien? Yes No

If yes, please indicate Visa type _____ Country of origin _____

I agree to indemnify and hold harmless The Challenger Learning Center (CLC) and Heartland Community College, its officers, agents, and employees for any loss or injury that my child may sustain while participating in the student activities.

Notice of Photo/Film Release: Occasionally, students are photographed or filmed during their mission. I consent to publication of such photos/film for use in the promotion or advertisement of Challenger Learning Center and Heartland Community College.

Check here only if you do NOT consent to photo/film release.

Signature

Date

FOR OFFICE USE ONLY:

Date Received _____ Entered by _____ Empl ID _____