

# COAST UNIFIED SCHOOL DISTRICT

1350 Main Street Cambria CA 93428  
(805) 927-3880 Fax (805) 927-0312

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Dear Staff Members,

**Please complete this form and return it to Kathy Barnes in the District Office prior to Friday, September 16, 2011.**

*Only the information you list will appear in the directory. Please let me know if you do not want your address, phone number, etc., listed. However, the district must have a home and/or cell phone number on file in the event of an emergency.*

*If any of your personal information has changed over the summer, please be sure to also complete a Change of Name/Address form, which you can obtain from your school site or the District Office.*

Thank you for your assistance and prompt response.

*Please PRINT All Information*

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

WORK TELEPHONE EXTENSION NUMBER \_\_\_\_\_

POSITION \_\_\_\_\_  
(If you are a teacher, please list grade or subject)

SITE \_\_\_\_\_