

**MOUNT CARMEL AREA SCHOOL DISTRICT  
ID CARD FORM V1.2 (11/16/05)**

**1. Personnel Information** *Please Print*

Social Security \_\_\_\_\_ Student ID \_\_\_\_\_  
(If applicable)

Prefix MR MRS MISS MS DR REV

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Suffix NONE JR SR I II III IV V Other \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Unlisted YES NO Birthdate \_\_\_\_\_

**2. ID Card Information**

Building	Mount Carmel Area Elementary	Mount Carmel Area Jr./Sr. High School
Status	Student	District Employee
		Non-District Personnel
Position	Student	Teacher
	Substitute	Student Teacher
	Headstart	CSIU Employee
	Other	_____

**3. Is this your first ID card? YES NO** *If NO, please answer below:*

Lost Card \_\_\_\_\_ \$20.00

Stolen Card \_\_\_\_\_ \$20.00

Damaged Card \_\_\_\_\_ \$20.00  
(Due To Negligence/Misuse)

Damaged Card \_\_\_\_\_ No Fee if old card is returned

Change of Name or ID # \_\_\_\_\_ No Fee if old card is returned

Status Change \_\_\_\_\_ No Fee if old card is returned

Would you like us to use your old picture? YES NO

**For Office Use Only**

Date \_\_\_\_\_ Time \_\_\_\_\_ AM PM

Payment Method No Fee \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_