Batten School & VIMS- Workday ECM Information Form

Personal Information

Country: _____

First Name: _____

Last Name: _____

Date of Birth: (MM/DD/YYYY) _____

Phone Number: _____

Phone Device:

- ☐Fax
- ☐Landline
- ☐Mobile

Phone Type:

- ☐Home
- ☐Work

Mailing Address: (full address including street, city, state, zip)

_____

_____

_____

Mailing Address Type

- ☐Home
- ☐Work

Email Address: _____

Email Address Type:

- ☐Home
- ☐Work