

2017-2018 School Information Form

Mid-South District

School or Center

Name of School _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

School Email Address _____ School Website Address _____

Hours of Operation at School or Center _____

Secretary _____ Secretary's Email _____

School Board Chairman _____ School Portal Administrator _____

Principal and Early Childhood Director

Name _____ Spouse _____ Assistant Principal _____

Home Address _____

City _____ State _____ Zip _____

School Email Address _____ Home Email Address _____
(It is important to have an email address you frequently use. Thank you.)

Cell Phone (_____) _____ Home Phone (_____) _____

Early Childhood Director _____ Email _____

Early Childhood Director Phone (_____) _____ EC Fax (_____) _____

Enrollment Breakdown

Early Childhood Center

_____	Infants	_____	3 year olds	_____	Prekindergarten
_____	Toddlers (1-2 year olds)	_____	4 year olds	_____	
_____ Total Enrollment of <u>Early Childhood</u> Section					

Elementary and High School

_____	Kindergarten	_____	Grade 5	_____	Grade 9
_____	Grade 1	_____	Grade 6	_____	Grade 10
_____	Grade 2	_____	Grade 7	_____	Grade 11
_____	Grade 3	_____	Grade 8	_____	Grade 12
_____	Grade 4	_____		_____	
_____ Total Enrollment of <u>Elementary</u> Section					
_____ Total Enrollment of <u>High School</u> Section					

Completed: **School Lutheran Annual Form** (Return to Synod by 9-15-17 (also send copy to District) Yes ___ No ___

Completed: **School Statistical Report** (Only Online this year - Return to Synod by 11-1-17 (also copy to District) Yes ___ No ___

Please send this "Information form" and a copy of each report that is listed above to the District Office.
 If you have a question, contact Julie at jtyler@mid-southlcms.com. Thank you.