

2019-2020 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: _____ Early Childhood 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 _____
 Home Address _____
 City _____ State _____ Zip _____
 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 Early Childhood 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 Elementary Section**

_____ **Total Enrollment of High School Section**

Completed: **School Lutheran Annual Form** (Return to Synod by 9-30-19 (also send copy to District) Yes ___ No ___
 Completed: **School Statistical Report** (Only Online this year - Return to Synod by 09-30/19 (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 ityler@mid-southlcms.com. Thank you.**