2025-2026 School Information Form
Mid-South District

School

Name of School_____

Address_____

City_____State_____Zip_____

School Phone _____Fax _____

School Email Address_____School Website Address_____

Hours of Operation at School:_____Before/After Care Hours m_____

Secretary's Name_____Secretary's Email_____

School Board Chairman_____School Portal Administrator_____

Center

Name of Center_____

Address_____

City_____State_____Zip_____

School Phone _____Fax _____

Center's Email Address_____Center's Website Address_____

Hours of Operation at School:_____Before/After Care Hours_____

Secretary's Name_____Secretary's Email_____

Board Chairman_____Portal Administrator_____

Principal Information

Name_____Spouse_____Assistant Principal_____

Home Address_____

City_____State_____Zip_____

Work 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 Information

Early Childhood Director_____Email_____

Home Address_____

City_____State_____Zip_____

Work Email Address_____Home Email Address_____

(It is important to have an email address you frequently use. Thank you.)

Cell Phone _____Home Phone _____

Enrollment Breakdown

Early Childhood Center

	Infants		3 year olds		Prekindergarten
26	Toddlers (1-2 ~~year olds~~)	11	4 year olds		

_____ ~~*Total*~~ *Enrollment of* **Early Childhood** *Section*

Elementary and High School

	Kindergarten		Grade 5	0	Grade 9
	Grade 1		Grade 6	0	Grade 10
	Grade 2		Grade 7	0	Grade 11
	Grade 3		Grade 8	0	Grade 12
	Grade 4				

_____ *Total Enrollment of* **Elementary** *Section*

_____ *Total Enrollment of* **High School** *Section*

Please send this "School Information Form" to the District Office.
If you have a question, contact April at ajones@mid-southlcms.com. Thank you.