

SchoolPool

APPLICATION FORM

School Information

Is your school: Private Public Charter

School Name: _____

School Address: _____
Street Address

City

State

Zip

School Phone: _____ Fax: _____

School District: _____

Staff Information

Superintendent name: _____

Phone: _____

Email Address: _____

Principal name: _____

Phone: _____

Email Address: _____

Asst. Principal name: _____

Phone: _____

Email Address: _____

School Pool Administrator: _____

Phone: _____

Email Address: _____

The signature provided by the preparer indicates that the information provided on this form is accurate to the best of his/her knowledge.

Signature

