

Appendix 3
School Information 2020-2021
Complete one School Information sheet per school.
Enter information into boxes.

SCHOOL	
STREET ADDRESS	
CITY, STATE, ZIP CODE	
PHONE	
PRINCIPAL	
PHONE	
EMAIL	
MENTAL HEALTH PROFESSIONAL	
PHONE	
EMAIL	

Anticipated Total 2019/2020 Enrollment

GRADE	ANTICIPATED TOTAL STUDENT ENROLLMENT IN GRADE	ANTICIPATED NUMBER OF SECTIONS
KINDERGARTEN		
FIRST GRADE		
SECOND GRADE		
THIRD GRADE		

Our signatures indicate full support of Primary Project implementation in our building beginning in the 2020 – 2021 school year. We understand that participation in the fall two-day Primary Project training is required for mental health professional(s), child associate(s), and project coordinator with **principals required to attend day one of the training**. Mental health professional(s) and child associate(s) must attend training together. The mental health professional is required to attend the fall two-day supervision training. **Note: Electronic signatures are not acceptable.**

 Principal
 (Print Name)

 Signature

 Date

 Mental Health Professional
 (Print Name)

 Signature

 Date

 Project Coordinator
 (Print Name)

 Signature

 Date