**Appendix 3**

**School Information 2022-2023**

***Enter information*** byclicking on the text control next to each required response. You can access this text control by clicking or tapping on the words, “**Click or tap here to enter text”**, and beginning typing**.**

|  |  |
| --- | --- |
| School | Click or tap here to enter text. |
| Street Address | Click or tap here to enter text. |
| City, State, ZIP Code | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| **Principal** | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| **Mental Health Professional** | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

**Anticipated Total 2022/2023 Enrollment**

|  |  |  |
| --- | --- | --- |
| **Grade** | **Anticipated Total Student Enrollment in Grade** | **Anticipated Number of Sections** |
| Kindergarten | Click or tap here to enter text. | Click or tap here to enter text. |
| First Grade | Click or tap here to enter text. | Click or tap here to enter text. |
| Second Grade | Click or tap here to enter text. | Click or tap here to enter text. |
| Third grade | Click or tap here to enter text. | Click or tap here to enter text. |

Our signatures indicate full support of Primary Project implementation in our building beginning in the 2022-2023 school year. We understand that participation in the Primary Project program overview/core components training is required for mental health professional(s), child associate(s), and project coordinator with **principals required to participate in a portion of training.** Mental health professional(s) and child associate(s) must participate in training together. The mental health professional is required to attend a separate supervision training. **Note:** **Electronic signatures are not acceptable for this document.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Principal  (Print Name) |  | Signature |  | Date |
|  |  |  |  |  |
| Mental Health Professional  (Print Name) |  | Signature |  | Date |
|  |  |  |  |  |
| Project Coordinator  (Print Name) |  | Signature |  | Date |