

Intermediate District 287
Authorization for New Special Ed. Service Site

Effective what school year: _____

School Short Name	_____
Mailing Address	_____
City	_____ St _____ Zip _____
County Code	_____ Country _____
	Phone _____ - _____ x _____
	Fax _____ - _____
E-Mail Address	_____
Former Long City Name	_____

Student System Contact _____

Principal Name _____

Principal E-Mail Address _____

Grades Served

- EC
- K
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

Calendar Data:

First Day _____

Last Day _____

No School Days _____

Teacher Days _____

School Number Assigned (SIS to assign) _____

*Print out form, complete it and return to: **Sandy Gaulke,**
Student Information Systems Mgr.*

Please allow up to one week for processing.

Date _____

Signature _____