



# Public School Information

PL 1267 (2017-11)

**Address:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Day	Hours of Operation (include am/pm)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Enrollment	Amount
Number of Kindergarten to Grade 6 students	
Number of Grade 7 to 9 students	
Number of Grade 10 to 12 students	
Number of Staff	
Do you intend to allow drop-in students? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Briefly describe operation:**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date (YYYY-MM-DD)**

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