

# ***SD DARE School Information Sheet -SY'\_\_\_***

SCHOOL \_\_\_\_\_

SCHOOL EMAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

SCHOOL PHONE # \_\_\_\_\_

PRINCIPAL \_\_\_\_\_

START DATE FOR D.A.R.E. \_\_\_\_\_

ANTICIPATED CULMINATION DATE \_\_\_\_\_

<u>TEACHERS</u>	<u>GRADE</u>	<u>DAY OF WEEK</u>	<u>TIME</u>	<u># STUDENTS</u>
-----------------	--------------	--------------------	-------------	-------------------

(please indicate title or  
first name)

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

D.A.R.E. OFFICER \_\_\_\_\_

AGENCY \_\_\_\_\_

EMAIL \_\_\_\_\_



Submit forms to [Waylon.Eckert@state.sd.us](mailto:Waylon.Eckert@state.sd.us), fax 605-773-6741.