

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 Kim.Knecht@state.sd.us, fax 605-773-7203.