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_____

TEACHERS (please indicate title or first name)	GRADE	DAY OF WEEK	TIME	# STUDENTS

D.A.R.E. OFFICER_____

AGENCY_____

EMAIL _____

Submit forms to Taunya.O'conner@state.sd.us, or fax 605-773-7203.