



ARKANSAS EARLY COLLEGE HIGH SCHOOL

SCHOOL DISTRICT

2012-2013

CONTACT INFO FORM

DISTRICT NAME \_\_\_\_\_ LEA #: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER(S) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ OR (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FAX NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PRINCIPAL NAME \_\_\_\_\_ EXT #: \_\_\_\_\_

PRINCIPAL EMAIL \_\_\_\_\_ @ \_\_\_\_\_

COUNSELOR (S) NAME \_\_\_\_\_ EXT #: \_\_\_\_\_

\_\_\_\_\_ EXT #: \_\_\_\_\_

COUNSELOR(S) EMAIL \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

FACILTATOR(S) NAME \_\_\_\_\_ EXT #: \_\_\_\_\_

\_\_\_\_\_ EXT #: \_\_\_\_\_

FACILITATOR(S) EMAIL \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

CIV LAB PHONE(S) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CIV FAX NUMBER(S) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please attach an additional sheet if needed.

*Below is the person AECHS administration will contact at your District:*

AECHS CONTACT NAME \_\_\_\_\_

EMAIL \_\_\_\_\_ @ \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EXT #: \_\_\_\_\_