

K-10 PRINCIPAL'S SUPPLEMENTARY OPENING REPORT

(Due September 6 at the CCC Office of Education)

School Name _____

School Board Chairperson _____ Phone _____

Address _____

School Treasurer _____ Phone _____

Address _____

Home & School Leader _____ Phone _____

Address _____

Librarian _____ Phone _____

Address _____

Schedule of Current MONTHLY Charges				
Tuition	SDA Const.	SDA Non-Const.	Non-SDA	Same for All
Grades to				
Grades to				
Grades to				
Registration Fee				
Music Fee				
Bus Fee				
Other:				
Schedule of Discounts:				
Last School Year's cost per Student: \$ _____ (Total year's school expense divided by total enrollment.)				

Enrollment by Grade				School Opening Date:
	SDA	Non-SDA	Total	List each credentialed teacher and the initial date he/she reported to work:
K				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total				
# of SDA Worthy Students				

School Board Meeting Schedule (dates and time; e.g., 2nd Monday every month, 7:30):

Please enclose:

- | | |
|------------------------------------|------------------------------------------------------|
| 1. Copy of school budget | 3. Board approved sexual harassment statement |
| 2. Copy of current school bulletin | 4. Board approved Bloodborne Pathogens Exposure Plan |

Principal's Signature _____ Date _____