

Pacific Cascade Freshman Campus Information Form

Submitted by _____ Phone _____ DATE _____

Staff Member Parent Student Community Member

Email Address _____

Prefer to be Contact by: Phone Email

Question to be Answered or Information Requested:

ROUTING OF THIS FORM FOR ANSWERS AND INFORMATION

To be completed by school personnel to ensure complete attention is made to this question and complete information is gathered from all stakeholders

Route this form for answers or information to:

<input type="checkbox"/> Administration	Name: _____
<input type="checkbox"/> Site Council Facilitator	Name: _____
<input type="checkbox"/> ASB Advisor	Name: _____
<input type="checkbox"/> Staff / Counseling	Name: _____
<input type="checkbox"/> PTSA President	Name: _____
<input type="checkbox"/> Booster Club President	Name: _____

STEPS FOR FOLLOW-UP

Provided answers or information to person submitting form Date _____

Address at group meeting.

What Group _____ Date of Meeting _____
(ie. PTSA, Site Council, Booster Club)

Other Action _____