

SCHOOL DATA SHEET

(To be completed and submitted with the Self-Study;
this sheet will be copied and included with the Visiting Committee Report))

Name of School

Address

City, State

Phone

Date of Founding:

Enrollment at the time of evaluation visit

Total Enrollment _____

	PS	K	1	2	3	4	5	6	7	8	9	10	11	12	PG	Totals
Male																
Female																
Day																
Boarding																

Number of Faculty _____ full-time; _____ part-time

Number of Administrators _____ full-time; _____ part-time

Brief Statement of School's history and mission - what makes this school unique?

Person(s) completing this form: _____ Date: _____