**Crisis Management Data Form**

**School Year** Enter School Year

**Note:**  Please return this form to your appropriate Asst. Superintendent **by September 30.**

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| --- | --- | --- | --- |
| **Submitted By**: Enter Name of Person Submitting this Form | | | **Date:** Select Date |
| **School:** Enter School | | **County:** Select County | |
| **Principal:** Enter Principal Name | **Email:** Enter Email | | **Phone:** Enter Phone # |

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| --- | --- | --- | --- |
| **Enrollment:** Enter # | **# Classrooms:** Enter # | **# Faculty:** Enter # | **# Staff:** Enter # |
| **Emergency Contact:** Enter Emergency Contact | | **Emergency Contact Phone:** Enter Phone | |
| **Emergency Back Up:** Enter Emergency Back Up | | **Emergency Back Up Phone:** Enter Phone | |
| **Safe Area:** Enter Safe Area | | | |
| **Alternative Location #1:** Enter Alternative Safe Area #1 | | | |
| **Alternative Location #2:** Enter Alternative Safe Area #2 | | | |