



**Choice Scholarship Program
Choice School Contact Form
2019-2020 School Year**

All data fields must be completed.

_____ School Number _____ School Name

School Mailing Address:

_____ Street _____ City _____ State _____ Zip

Primary Contact Person for the Choice Scholarship Program:

_____ Name _____ Email Address _____ Phone Number _____ Extension

School Principal/Director:

_____ Name _____ Email Address _____ Phone Number _____ Extension

School Business Manager, Treasurer, or Finance Official:

_____ Name _____ Email Address _____ Phone Number _____ Extension

Person Responsible for Submitting Data and Reports:

_____ Name _____ Email Address _____ Phone Number _____ Extension

Corporation Test Coordinator:

_____ Name _____ Email Address _____ Phone Number _____ Extension

If any contact information for the personnel listed above changes, a new form must be submitted to choiceschool@doe.in.gov.