

This report is to be completed and submitted to the superintendent of the public school system in which the student resides within thirty (30) days after the beginning of the school term.



Page _____ of a _____ page report

NON-PUBLIC SCHOOL REPORTING FORM (TCA 49-6-3007)

Date: _____

Name of School: _____

Member Association: _____

Address: _____

Principal or Headmaster (Type or Print) _____

_____ City

_____ Zip

_____ County

Telephone: _____

Email: _____

Number of Pupils Enrolled: _____

Number of Teachers: _____

On-Site	Satellite	Name of Student	Age	Grade	Address (Street, City, Zip)	County Where Zoned

IF A STUDENT DROPS, FAILS , OR IS TRUANT, NOTIFY THE SYSTEM WITHIN 14 DAYS