

School Year _____

What's What at _____ School

Name		Phone #		
PRINCIPAL:				
VICE PRINCIPAL:				
SASA:				
OFFICE CLERK (S):				
KINDERGARTEN TEACHER(S):				
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*				
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*				
MY CHILD'S KINDERGARTEN TEACHER IS:				
EDUCATIONAL AIDE:				
HEALTH AIDE:				
SCHOOL COUNSELOR:				
LIBRARIAN:				
PCNC FACILITATOR:				
PSAP:				
OTHER:				
LUNCH TICKET CLERK(S):				
CAFETERIA MONITOR(S):				
CUSTODIAN(S):				
School Hours				
Monday	Tuesday	Wednesday	Thursday	Friday