## **Charter/Private School Information**

AB 321



Assessment Questionnaire

Revised 9/21/15

Date:		

Facility Information:		
School Name:		
Address:		
City, State, Zip:		
Hours of Operation:		
24 hours, 7 days a week		
Days of Operation:		
Business Hours:		
Holidays:		
Other Events at school:		
<b>Emergency Contact Informati</b>	on	
24 hour emergency phone numb	er:	
Primary Emergency Contact:		
Name:	<del></del>	
Cell Phone:	<del></del>	
Officer Phone:	·	
Email:	<del></del>	
Fax:	<del>,</del>	
Principle/Director:		
Name:		
Cell Phone:		
Officer Phone:		
Email:	<del></del>	
Fax:		

Vice Principle/Assistant Direct	tor:		
Name:	-		
Cell Phone:	<u> </u>		
Officer Phone:			-
Email:	-		
Fax:	<del></del>		 
Student Information			
Number of pupils enrolled:	·	_	
Maximum number of pupils th	at may enroll:		
= ==			 <del></del> :

In accordance with AB 321, this packet should be turned in as soon as practical after commencing operation, but before the first day of the school year. If the charter school relocates or the name of any authorized contact person changes this information should be updated as soon as practical but no later than 30 days.

## Please return information to:

Reno Police Department

C/O Charter/Private School Information Packet

P.O. Box 1900

Reno, NV. 89505