

# Annual Alternative Education Contact Information

---

Please provide the following data regarding alternative education (AE) programs for the upcoming school year. This form is required annually for districts that are not required to submit a new program description according to the multi-year rotation approval process.

District Name: \_\_\_\_\_ Districts LEA  
Number: \_\_\_\_\_ Total number of AE programs:

Superintendent's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

District Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

---

## **Program 1**

Director's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

AE Program Name: \_\_\_\_\_

Grade levels of this AE program: \_\_\_\_\_

AE Physical Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_  
Fax#: \_\_\_\_\_

---

## **Program 2**

Director's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

AE Program Name: \_\_\_\_\_

Grade levels of this AE program: \_\_\_\_\_

AE Physical Address: \_\_\_\_\_

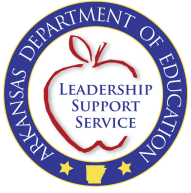
Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_  
Fax#: \_\_\_\_\_

---

## **Program 3**

Director's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

AE Program Name: \_\_\_\_\_



## Annual Alternative Education Contact Information

---

Grade levels of this AE program:

AE Physical Address:

Phone#:

Cell#:

Fax#:

---

Program 4

Director's Name:

E-Mail:

AE Program Name:

Grade levels of this AE program:

AE Physical Address:

Phone#:

Cell#:

Fax#:

---

Program 5

Director's Name:

E-Mail:

AE Program Name:

Grade levels of this AE program:

AE Physical Address:

Phone#:

Cell#:

Fax#:

---

Are there any changes being made to the approved prior year program description? Yes  No

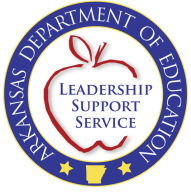
Attach all signed consortium agreements when submitting.

Printed Name:

Position:

Date:

Signature: \_\_\_\_\_



# Annual Alternative Education Contact Information

---

---

Email this document with all attachments to:

[ade.ale@arkansas.gov](mailto:ade.ale@arkansas.gov)

