

Type of Training:	1-day K-8 Too Good for Drugs/Too Good for Violence K-8
	1-day HS Too Good for Drugs/Too Good for Violence
	5-Day K-12 Too for Drugs/Too Good for Violence
	L.E.A.D.er Training

Is this the first time your agency will implement the L.E.A.D. program? YES NO
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SCHOOL INFORMATION

School Name:	
Address of School:	
City:	County:
State:	Direct Phone:
Zip Code:	Fax #:
Principal:	E-mail:
Grade (s) teaching:	Grade (s) of curriculum using:

If Teaching in multiple schools please complete the following.

SCHOOL INFORMATION

School Name:	
Address of School:	
City:	County:
State:	Direct Phone:
Zip Code:	Fax #:
Principal:	E-mail:
Grade (s) teaching:	Grade (s) of curriculum using:

SCHOOL INFORMATION

School Name:	
Address of School:	
City:	County:
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Grade (s) teaching:	Grade (s) of curriculum using: