

**Erate Demographic Information:
Please print each item and answer ALL questions**

District Name	LEA No:		
Contact Name			
Contact Title			
Contact Phone			
Contact Email			
County Name			
Billed Entity Number			
District NCES	District FRN		
Education Service Cooperative			
Number of Classrooms with phone service			
Direct Connections to the Internet (<i>Total Number of drops at this entity #</i>)			
Number of classrooms with Internet access			
Number of computers or other devices with Internet access			

Please check all that apply and provide a number:

Does this entity number have a:

Pre-K Program: Is this program a stand alone program? Yes No

Adult Education Program: Is this program a stand alone program? Yes No

Juvenile Detention Program: Is this program a stand alone program? Yes No

Has your district built a new school or building this year? Yes No

If yes, please list the following:

Name: _____

Address: _____

Entity number for the building: _____

Has your district closed a school or building this year? If yes, please list:

Name: _____

Address: _____

Entity number for the building: _____

Has your district annexed or consolidated with another district? If yes, please list:

School or Building Name: _____

Address: _____

Entity number for the building: _____

All districts must submit both forms! (MAIL OR FAX)

DEADLINE: December 8, 2006 4:00pm – (Both Forms)

FAX : 501.371.1942

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Arkansas Department of Education

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