



*Building Hope by Giving Voice*

**2006-2007 SCHOOL PROFILE**

**RETURN ONE FORM PER SCHOOL BY WEDNESDAY, NOVEMBER 1<sup>ST</sup>, 2006.**

**Philadelphia Inspired Expressions Program / SCC**

**1926 Arch Street**

**Philadelphia, PA 19103**

**Fax: 215-774-9448**

**School Name:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**School Phone:** \_\_\_\_\_ **School FAX:** \_\_\_\_\_

**School Coordinate # 1 (name):** \_\_\_\_\_

Best phone number to contact you: \_\_\_\_\_

Email address: \_\_\_\_\_

Will any part of the School Coordinator's responsibilities be impossible for you to complete?

YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

**School Coordinate # 2, if applicable (name):** \_\_\_\_\_

Best phone number to contact you: \_\_\_\_\_

Email address: \_\_\_\_\_

Will any part of the School Coordinator's responsibilities be impossible for you to complete?

YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

**Please write any additional comments or questions on back of this sheet.**