D.A.R.E. School Census Form

REV. (5/20/2008)

In compliance with the Kentucky Justice Cabinet and Department of Education funding mandates, all Kentucky D.A.R.E. officers are required to duplicate this form and provide the necessary information for maintaining statistical data. It is essential that the information provided is accurate and factual. Please be certain that every section is completed and that you fill out a separate form for each school in which you teach any part of the D.A.R.E. Program. A separate form must also be completed for each semester. The Kentucky State Police D.A.R.E. Unit must receive an accurate, fully completed **CENSUS FORM** prior to the issuance of D.A.R.E. supplies. If you do not receive materials or supplies from the Kentucky State Police, you are still required to forward census information to the Kentucky State Police D.A.R.E. Unit.

The Kentucky State Police D.A.R.E. Unit has been charged with the duty of collecting and maintaining statistical data on D.A.R.E. We appreciate your cooperation. If you have any questions please contact the D.A.R.E. Unit at (502) 695-6344, or by mail at: Kentucky State Police D.A.R.E. Unit, 919 Versailles Road, Frankfort, Ky. 40601. Please duplicate this form and maintain a blank copy of it in your files. E-mail: TrainingCenter@kydare.com Web Page: http://www.kydare.com

D.A.R.E. Officer's Name:	Department:	Telephone Number:
School:	School District:	County:
School Address:	City:	Zip:
Principal's Name:	School Telephone:	Date you will start classes at this school:

SEMESTER INFORMATION

This report is for what semester and **year**? Check only one. Fill out a separate form for each semester. If you **start** before January 1 carry Fall, if you **start** on or after January 1, carry Spring.

FALL ☐ YEAR ( ) SPRING ☐ YEAR ( )

This schedule is for: (check only one)

Grade's 5 or 6 ☐ Junior High ☐ Senior High ☐

At what level is the program at this school taught?

☐ ☐ ☐ ☐ ☐ ☐

5th 6th 7th 8th 9th 10th grade level (check only one)

SCHEDULE: What day(s) of the week will you be teaching this schedule: Please check the day(s) of the week.

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

CLASSROOM TEACHER'S NAME	HOUR CLASS BEGINS	NUMBER OF STUDENTS
1.		
2.		
3.		
4.		
5.		
6.		

Are you teaching any part of the K-4 Program? ☐ Yes ☐ No Teaching schedules are not requested for K-4. Please indicate the total number of K-4 students you will be teaching this semester at this school. _____

I affirm that all of the above information is true and accurate. I understand that I may be monitored for program compliance.

D.A.R.E. Officer_____