

Maine District Information 2017 – 2018 School Year

MSAD ____ AOS ____ RSU ____ Union ____ Individual ____

School District(s) Included*:

**Please fill out a form for each district in an SAU unless the information is the same for all districts. Feel free to use "same" where appropriate.*

Superintendent: _____ Tel: _____
E-mail address: _____ Fax: _____
Mailing address: _____

Business Manager: _____ Tel: _____
E-mail address: _____ Fax: _____
Mailing address: _____

Special Education Director: _____ Tel: _____
E-mail address: _____ Fax: _____
Mailing address: _____

Special Education Secretary: _____ Tel: _____
E-mail address: _____ Fax: _____
Mailing address: _____

Service Provider Rate/Payroll Contact Person: _____ Tel: _____
E-mail address: _____ Fax: _____
Mailing address: _____

MIHMS Contact: _____ Tel: _____
E-mail address: _____ Fax: _____
Mailing address: _____

Medicaid Checks & Invoices Sent to: _____ Tel: _____
E-mail address: _____ Fax: _____
Mailing address: _____

Please fax completed forms to 207.698.9941
or mail to MSB, 97 High Street, Somersworth, NH 03878

