



CAS Membership Data Update Form 2017-2018

Return by mail: Attn: *Membership* at 30 Realty Drive, Cheshire CT 06410
 OR Fax: 203-250-1345 OR Email to aflores@casciac.org
 To complete this form online please go to <http://casci.ac/2298>

School:		What Grades Do You Serve?
Address		
Town:		Main Phone:
School Principal	Name:	Email:
Salutation (<i>mark with x</i>)	Ms. Mrs. Mr. Dr.	
Principal's Cell Phone (Emergency Use Only):		
Years as an administrator	0-3 4-10 11+	
Principal's Admin Asst./Secretary	Name:	Email:
Assistant Principal #1	Name:	Email:
Assistant Principal #2	Name:	Email:
Assistant Principal #3	Name:	Email:
Student Activity Director	Name:	Email:
Student Council Adviser	Name:	Email:
Honor Society Adviser	Name:	Email:
Guidance Counselor	Name:	Email:
Athletic Director	Name:	Email:
Misc Info:		