



County Name (Please list what county in Idaho where your district resides.)
School District Name (Helps us understand where you school fits in the State)
District Contact Role and First Name and Last Name (ex. Superintendent Jane Johnson). Enter only 1 district contact. (We may contact to validate a change with a sign-up request.)
District Contact Phone Number (xxx-xxx-xxxx) (We may contact to validate a change with a sign-up request.)
District Contact Email Address (We may contact to validate a change with a sign-up request.)
School Name (An individual school name.)
Approximate number of students at this school (A close estimate is all we need.)
School Street Address (This address must be able to accept packages.) (If your school has more than one address (various building locations), include all. This address must be able to accept packages.)
School City
School Zip Code
Primary School Contact First Name and Last Name (ex. Julie Jackson). Enter each contact in a new row. Three contacts maximum per school. (This is a key role to receive tips and act on them on behalf of the school.)
Primary Contact Cell Phone Number (xxx-xxx-xxxx). (If a critical or urgent tip comes in 24/7, we will use this number to reach the primary contact.) Must be a 24/7 contact number
Primary School Contact Email Address (Tips will come to this e-mail address.)



Secondary School Contact First Name and Last Name (ex. Julie Johnson). Enter each contact in a new row. Three contacts maximum per school. (This is a back-up role to the primary contact.)
Secondary Contact Cell Phone Number (xxx-xxx-xxxx). (If a critical or urgent tip comes in 24/7, we will use this number to reach the secondary contact if the primary contact does not respond.) Must be a 24/7 contact number
Secondary School Contact Email Address (This e-mail address just as they would for the primary contact.)
Optional Third School Contact First Name and Last Name (ex. Julie Johnson). Enter each contact in a new row. Three contacts maximum per school. (This is an optional contact)
Optional Third Contact Cell Phone Number (xxx-xxx-xxxx). (If a critical or urgent tip comes in 24/7, we will use this number to reach the third contact if the secondary contact does not respond.) Must be a 24/7 contact number
Optional Third School Contact Email Address (Tips will come to this e-mail address just as they would for the primary contact.)
Primary 9-1-1 Center 10-digit telephone number (View our 9-1-1 page for assistance. http://... By entering this information, you certify that it is true and accurate and is the 24 hour 10-digit local number for your schools to connect to your local emergency line for your 9-1-1 Center. Important: do not list the business number for your 9-1-1 Center.)
What is the name of the 9-1-1 center for your school?
Name and phone number of person completing this form.