

**Catholic Diocese of Biloxi**  
**Department of Education**  
**SUMMER CONTACT PERSON**

**SCHOOL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SUMMER PHONE:** \_\_\_\_\_

**PRINCIPAL CONTACT INFO:** \_\_\_\_\_

Who should we contact in the absence of the principal?

**NAME** \_\_\_\_\_

**CONTACT PHONE:** \_\_\_\_\_

**Summer office hours:**

\_\_\_\_\_

**List dates the school will be closed during summer months:**

\_\_\_\_\_

If there is any information you think we should have available if interested families call regarding your school, please list it below. Thank you.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Principal's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_