## **Special Education District Contact Information**

Please complete the form below listing all special education positions for your district and return to the Office of Special Education, Attention: Sharon Coon(SCoon@mdek12.org).

District:	
Contact #1 Name:	
Position Title:	
Address #1:	
Address #2:	
City:	
State:	Zip Code:
Work Number:	Fax Number:
E-mail:	
<ol> <li>Is this the public's immed (If so, this will be the person lis Special Education District Superior</li> </ol>	ted on the OSE's 🔿 Yes 🔿 No
2) Should this person recei	ve Special Education ListServ Messages?  Yes No
Contact #2 Name:	
Position Title:	
Address #1:	
Address #2:	
City:	
State:	Zip Code:
Work Number:	Fax Number:
E-mail:	
<ol> <li>Is this the public's immed (If so, this will be the person lis Special Education District Superior)</li> </ol>	ted on the OSE's 🔿 Yes 🔿 No
2) Should this person recei	ve Special Education ListServ Messages?   Yes   No
Central High School Buildi	<i>"Quality Education for Every Child"</i> ng 359 North West Street P.O. Box 771 Jackson, MS 39205-0771

Contact #3 Name:	
Position Title:	
Address #1:	
Address #2:	
City:	
State:	Zip Code:
Work Number:	Fax Number:
E-mail:	
<ol> <li>Is this the public's immediate of (If so, this will be the person listed on Special Education District Supervisors</li> <li>Should this person receive Special</li> </ol>	the OSE's Yes No s web page)
2) Should this person receive Sp	ecial Education ListServ Messages? O Yes O No
Contact #4 Name:	
Position Title:	
Address #1:	
Address #2:	
City:	
State:	Zip Code:
Work Number:	Fax Number:
E-mail:	
<ol> <li>Is this the public's immediate of (If so, this will be the person listed on Special Education District Supervisors)</li> </ol>	the OSE's 🔿 Yes 🔿 No

Contact #5 Name:	
Position Title:	
Address #1:	
Address #2:	
City:	
State:	Zip Code:
Work Number:	Fax Number:
E-mail:	
(If so, this will be th	ic's immediate contact? ne person listed on the OSE's O Yes O No District Supervisors web page)
2) Should this per	rson receive Special Education ListServ Messages? () Yes () No
Contact #6 Name:	
Position Title:	
Address #1:	
Address #2:	
City:	
State:	Zip Code:
Work Number:	Fax Number:
E-mail:	
(If so, this will be th	ic's immediate contact? ne person listed on the OSE's O Yes O No District Supervisors web page)
2) Should this per	rson receive Special Education ListServ Messages? O Yes O No

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