

\$chool Finance

Moving Dollars... Making Sense

# **ENTITY PROFILE FORM**

Required fields have blue fill instead of white fill or have red borders

Effective Fiscal Year: 2021	Entity CTDS:	100210107			
Do you want to	Entity Name:	Rio Vista Win	ifred Hare <b>l</b> son E	lementary Scho	ol
Create a New Entity				-	
<ul><li>Modify this Entity</li></ul>					
Close this Entity					
Reopen this Entity	If antituis a ITED	campus			
<ul><li>Add JTED Member District</li><li>Remove JTED Member District</li></ul>	If entity is a JTED please specify type			For ESS Only:	
Remove TED Member District	<ul><li>Satellite Camp</li></ul>	us		<ul><li>Private Day So</li><li>Private Reside</li></ul>	
	<ul><li>Main or Centra</li></ul>	l Campus		——————————————————————————————————————	ential
Please provide a brief description of the pr	oposed changes to y	our profile:			
Adding PS to grade levels to allow the report			utes to follow after	· 4/28/20 meeting	
				<i></i>	
Mailing		Physical			
Address: City:	State:	Address:	Cit		
City.	State.	Same as Mailing	City:		State:
Zip County Code:		Address	Zip Code:	County	
Site Phone Number:		Site Fax Nun	nber:		
DC 1/ 1	2 2 4		7 0 0	10 11	12 115
Grades Served:	2 3 4 ⊠ ⊠ ⊠	5 6 ⊠ ⊠	7 8 9	10 11	12 UE
Contact Name: Scott Little			Title: CFO		\
Check to add Phone:	Fax:		E-Mail:		
contact to entity (520) 696	5-5000 Tux.		slittle@ar	nphi.com	
Authorising Dougons Coast Little		Daniel .	Dusin M-		
Authorizing Person: Scott Little			<b>on:</b> Business Mana	ger	
Phone: (520) 696-5000 <b>E-mail:</b> slittle@am	phi.com	Web Site:			
Solost vour LEA Assourt Analys	ct.				
Select your LEA Account Analy:	>t.  School Finance				



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Effective Fiscal Year: 2021	Entity CTDS:	100210109	
Do you want to	Entity Name:	Helen Keeling Elementary Sch	ool
Create a New Entity			
<ul><li>Modify this Entity</li></ul>			
Close this Entity			
Reopen this Entity			
Add JTED Member District	If entity is a JTED please specify type	•	For ESS Only:
Remove JTED Member District	<ul><li>Satellite Camp</li></ul>		Private Day School
	Main or Centra	l Campus	O Private Residential
Please provide a brief description of the pro	posed changes to w	our profile:	
Adding PS to grade levels to allow the reporting		-	1/28/20 meeting
Mailing Address:  City:  Zip Code:  Code:	State:	Physical Address:  Same as Mailing Address Zip Code:	State: County
Site Phone Number:		Site Fax Number:	
Grades Served:	2 3 4	5       6       7       8       9         ☑       □       □       □	10 11 12 UE
Contact Name: Scott Little		Title: CFO	
Check to add Phone: (520) 696-5	5000 Fax:	E-Mail: slittle@am	ohi.com
Authorizing Person: Scott Little		Position: Business Manage	er er
<b>Phone:</b> (520) 696-5000 <b>E-mail:</b> slittle@ampl	hi.com	Web Site:	



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Effective Fiscal Year: 2021	Entity CTDS:	100210110	
Do you want to	Entity Name:	E C Nash School	
Create a New Entity			
<ul><li>Modify this Entity</li></ul>			
Close this Entity			
<ul><li>Reopen this Entity</li><li>Add JTED Member District</li></ul>	If entity is a JTED	campus.	
Remove JTED Member District	please specify typ		For ESS Only:  Private Day School
• Nemores 122 member 2 binet	<ul><li>Satellite Camp</li></ul>		Private Day School Private Residential
	<ul><li>Main or Centra</li></ul>	l Campus	
Please provide a brief description of the pr	oposed changes to y	our profile:	
Adding PS to grade levels to allow the report	J		5
Mailing Address:		Physical Address:	
City:	State:	Same as City:  Mailing	State:
Zip County Code:		Address Zip Code:	County
Site Phone Number:		Site Fax Number:	
Grades Served: PS K 1	2 3 4 $\boxtimes$ $\boxtimes$ $\boxtimes$	5 6 7 8 \[ \sum \]	9 10 11 12 UE
Contact Name: Scott Little		Title: CFO	
Check to add Phone: (520) 696 contact list	5-5000 Fax:	E-Mail: slittle	e@amphi.com
Authorizing Person: Scott Little		<b>Position:</b> Business M	lanager
<b>Phone:</b> (520) 696-5000 <b>E-mail:</b> slittle@am	phi.com	Web Site:	
Select your LEA Account Analy	st: School Finance		



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## **ENTITY PROFILE FORM**

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Effective Fiscal Year: 2021	Entity CTDS:	100210115	
Do you want to	Entity Name:	Coronado K-8 School	
Create a New Entity			
Modify this Entity			
Close this Entity			
<ul><li>Reopen this Entity</li><li>Add JTED Member District</li></ul>	If entity is a JTED	campus.	
Remove JTED Member District	please specify ty	be:	Only: Pay School
	Satellite Camp	us Private R	esidential
	<ul><li>Main or Centra</li></ul>	TCampus	
Please provide a brief description of the prop	oosed changes to y	our profile:	
Mailing Address:  City:  Zip Code:  County	State:	Physical Address:  Same as Mailing Address Zip Code:  Code:  County	State:
Site Phone Number:		Site Fax Number:	
Grades Served: PS K 1 2		5 6 7 8 9 10 \times \times \t	11 12 UE
Contact Name: Scott Little		Title: CFO	
Check to add Phone: (520) 696-5	Fax:	E-Mail: slittle@amphi.com	
Authorizing Person: Scott Little		Position: Business Manager	
<b>Phone:</b> (520) 696-5000 <b>E-mail:</b> slittle@amph	ni.com	Web Site:	



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# **ENTITY PROFILE FORM**

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Adding PS to grade levels to allow the reporting of Head Start Students. Board minutes to follow after 4/28/20 meeting.  Mailing Address:  City:  Same as Mailing Address  Zip Code:  Code:  County Code:  Code:  Code:  County Code:  Co	
Create a New Entity  Modify this Entity Close this Entity Reopen this Entity Reopen this Entity Remove JTED Member District Remove JTED Member District Satellite Campus Main or Central Campus Private Reside  For ESS Only: Private Reside  For ESS Only: Private Reside  For ESS Only: Private Reside  For ESS Only: Private Reside  Private Reside  Private Reside  For ESS Only: Private Reside  Private Reside  Private Reside  For ESS Only: Private Reside  Private Reside  Private Reside  Private Reside  For ESS Only: Private Reside  Private Reside  Private Reside  For ESS Only: Private Reside  Private Reside	
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Reopen this Entity  Add JTED Member District Remove JTED Member District Remove JTED Member District  Satellite Campus Main or Central Campus Private Reside	
Add JTED Member District  Remove JTED Member	
Please provide a brief description of the proposed changes to your profile:  Adding PS to grade levels to allow the reporting of Head Start Students. Board minutes to follow after 4/28/20 meeting.  Mailing Address:  City:  Zip Code:  Code:  Site Phone Number:  Site Fax Number:  Grades Served:  PS K 1 2 3 4 5 6 7 8 9 10 11  Grades Served:  Site Fax Number:  Grades Served:  Name:  Scott Little  Phone:  (520) 696-5000  Fax:  Fax:  Private Day St Private D	
Mailing Address:  City:  State:  Code:  Code	hool
Please provide a brief description of the proposed changes to your profile:  Adding PS to grade levels to allow the reporting of Head Start Students. Board minutes to follow after 4/28/20 meeting.  Mailing Address:  City:  Zip Code:  Code:  Site Phone Number:  Site Fax Number:  Grades Served:  PS K 1 2 3 4 5 6 7 8 9 10 11  Grades Served:  Name:  Information:  Check to add Contact to entity  Phone:  (520) 696-5000  Fax:  E-Mail: slittle@amphi.com	
Adding PS to grade levels to allow the reporting of Head Start Students. Board minutes to follow after 4/28/20 meeting.  Mailing Address:  City:  Zip Code:  Site Phone Number:  Site Phone Number:  Site Fax Number:  Grades Served:  PS K 1 2 3 4 5 6 7 8 9 10 11  Grades Served:  Name:  Information:  Check to add Contact Information:  Check to add Contact o entity  Code:  Site Fax:  Fax:  Fe-Mail:  Slittle@amphi.com	
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Address:    City:	
Address:  City:  Same as City:  Mailing Address Zip County  Code:  Site Phone Number:  Site Fax Number:  Grades Served:  PS K 1 2 3 4 5 6 7 8 9 10 11  Grades Served:  Name:  Scott Little  Check to add  contact to entity  Check to add  Contact to entity  Contact to entity  Contact Contact Contact to entity  Contact Contact Contact Contact to entity  Contact	
Address:    City:	
City:    Same as Mailing Address Zip County   Site Fax Number:   Site Fax Number:   Site Fax Number:   Site Fax Number:   Code:   County   Code:   Site Fax Number:	
Zip County Code:  Site Phone Number:  Site Phone Number:  Site Fax Number:  Grades Served:  Name: Scott Little  Check to add contact to entity  Code:  County County County County County Code:  Site Fax Number:  Site Fax Number:  Title: CFO  Fax: E-Mail: slittle@amphi.com	State:
Code:   Code	
Grades Served:   PS K 1 2 3 4 5 6 7 8 9 10 11  Contact Information:   Check to add contact to entity  Check to add contact to entity  Contact Information:   Check to add Contact to entity  Fax:   E-Mail: slittle@amphi.com	
Grades Served:  Name: Scott Little  Check to add contact to entity  Check to add contact to entity  Check to add contact to entity  Fax: E-Mail: slittle@amphi.com	
Grades Served:  Name: Scott Little  Check to add contact to entity  Check to add contact to entity  Check to add contact to entity  Fax: E-Mail: slittle@amphi.com	
Contact Information:  Check to add Contact to entity  Fax:  E-Mail: slittle@amphi.com	12 UE
Information:  Check to add contact to entity  Check to add contact to entity  Fax:  E-Mail: slittle@amphi.com	
Check to add Phone: (520) 696-5000 Fax: E-Mail: slittle@amphi.com	
contact to entity (520) 696-5000 Fax.   slittle@amphi.com	
Authorizing Person: Scott Little Position: Business Manager	
Phone: (520) 696-5000 E-mail: slittle@amphi.com Web Site:	
Select your LEA Account Analyst: School Finance	