

Appendix A

FLORIDA DEPARTMENT OF EDUCATION

Contact Form
RE: ABC Program Liaison

NAME _____ TITLE _____

DISTRICT _____

ADDRESS _____

PHONE _____ SUNCOM _____ FAX _____

E-MAIL ADDRESS _____

*Return form to:
Bureau of Public School Options
c/o Jessica Donnelly
325 West Gaines Street
314 Turlington Building
Tallahassee, Florida 32399-0400
Fax: 850.245.0705*

If you have questions, please contact our office at 850.245.0479

Appendix B

FLORIDA DEPARTMENT OF EDUCATION

Contact Form
RE: ABC Evaluation Committee

DISTRICT _____

*School District Administrator*required*

NAME _____ TITLE _____

ADDRESS _____

PHONE _____ SUNCOM _____ FAX _____

E-MAIL ADDRESS _____

*Member of Business Community*required*

NAME _____ TITLE _____

ADDRESS _____

PHONE _____ SUNCOM _____ FAX _____

E-MAIL ADDRESS _____

*Member of Chamber of Commerce*required*

NAME _____ TITLE _____

ADDRESS _____

PHONE _____ SUNCOM _____ FAX _____

E-MAIL ADDRESS _____

Others as Needed

NAME _____ TITLE _____

ADDRESS _____

PHONE _____ SUNCOM _____ FAX _____

E-MAIL ADDRESS _____

Others as Needed

NAME _____ TITLE _____

ADDRESS _____

PHONE _____ SUNCOM _____ FAX _____

E-MAIL ADDRESS _____

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