



# ENTITY PROFILE FORM

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

**Entity Name:**

**Do you want to...**

Modify this Entity Profile   
  Reactivate this Entity   
 **CTDS:**

Terminate this Entity   
  Set this Entity to Inactive

Create a New Entity Profile

Parent CTDS:    
 Parent Name:

JTED CTDS:    
 JTED Name:

For ESS Only:

Private Day School  
 Private Residential

**Select your LEA Account Analyst:**

Please provide a brief description of the proposed changes to your profile:

**Mailing Address:**

City:

State:

Zip Code:

**Physical Address:**

(If different from above)

City:

State:

Zip Code:

Site Phone Number:

Site Fax Number:

School Web site :

**Grade Range:**

PS	K	1	2	3	4	5	6	7	8	9	10	11	12	UE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Contact Information:**

Name:

Title:

Check to add contact to entity contact list

Phone:

Fax:

E-Mail:

**Authorizing Person:**

**Phone:**

**Position:**

For questions, please call (602) 542-5695