Form 620
Rev. 12/25

Michigan City Area Schools
Opportunity ★ Excellence ★ Pride

How Can We Help You?

Date: _____ Time: _____

Name: _____

Person or Department you are here to see: _____

Phone Number: _____ Email: _____

Student's Name (if applicable): _____

Student's School (if applicable): _____ Grade: _____

Please describe the reason for your visit today:

Please allow 1-3 business days for a response to your request.