

EANS Program Inventory Cover Sheet

Please enter the following school information

Name of School:

Street Address:

City:

State:

Zip Code:

School Phone Number:

School Email Address:

Authorized Representative of the School Name:

Phone Number of Authorized School Representative:

Email Address of Authorized School Representative:

Date of Submission:

EANS - Inventory Monitoring Form

Non-Public School Name: _____ 0
Location (In-Person or Virtual): _____
Date and Time: _____

EANS Inventory Form	Comments:
EANS Equipment and Property Labeling	Comments:
Location and Storage of Items	Comments:
Check-In and Check Out System	Comments:
Disposition Forms (If Applicable)	Comments:
Additional Comments	Comments:

Non-Public School Program Authority

Print Name: _____
 Signature and Date: _____



EANS Program Monitor (PED)

Print Name: _____ 0
 Signature and Date: _____