



**RANDOM MOMENT TIME SURVEY (RMTS)
 DISTRICT INFORMATION
 2025-2026**

1 DISTRICT/SCHOOL

District/School Name _____ *County* _____
 Claiming Unit: _____
If different than name above.

2 DISTRICT RMTS COORDINATOR

<i>Name</i>	<i>District Job Title</i>	
<i>Street Address</i>	<i>City, State, Zip</i>	
<i>Mailing Address (if different than street address)</i>	<i>City, State, Zip</i>	
<i>Phone (please include extension)</i>	<i>Fax</i>	<i>Email</i>
Check the box for this person to: <input type="checkbox"/> have access to the RMTS system <input type="checkbox"/> receive RMTS late notifications		

3 SUPERVISOR OF DISTRICT RMTS COORDINATOR

<i>Name</i>	<i>District Job Title</i>	
<i>Phone (please include extension)</i>	<i>Fax</i>	<i>Email</i>
Check the box for this person to: <input type="checkbox"/> be included in all program communications <input type="checkbox"/> have access to the RMTS system <input type="checkbox"/> receive RMTS late notifications		

4. ALTERNATE DISTRICT CONTACT – RMTS COORDINATOR DESIGNEE/ASSISTANT

<i>Name</i>	<i>District Job Title</i>	
<i>Phone (please include extension)</i>	<i>Fax</i>	<i>Email</i>
Check the box for this person to: <input type="checkbox"/> be included in all program communications <input type="checkbox"/> have access to the RMTS system <input type="checkbox"/> receive RMTS late notifications		

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7. LEA BILLING OPTION PROGRAM SUBCONTRACTOR/THIRD-PARTY VENDOR

Company Name

Contact

Contact Job Title

Phone

Email

PRINTED NAME OF PERSON FILLING OUT FORM

JOB CLASSIFICATION TITLE

DATE