

Campus Name (REQUIRED FIELD) [CAGE EL](#)
Campus Number [287](#)
Contact's Name (Last Name, First Name) Ochoa-Hernandez, Patricia M
Phone Number 7139241700
Title I School Grants Administrator Karen Aubrey
Date and Time1A 9/22/2021 4:00 PM
Date and Time1B 9/23/2021 10:00 AM
Date and Time2A 10/6/2021 6:00 PM
Date and Time2B 10/7/2021 10:00 AM
Date and Time3A 4/13/2022 10:00 AM
Date and Time3B 4/14/2022 6:00 PM
Date and Time4A 5/5/2022 6:00 PM
Date and Time4B 5/6/2022 10:00 AM
Principal's Name (Last Name, First Name) Rodriguez, Lisa M

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