

# Diocese of Shreveport

## Property & Liability Renewal Report

School: \_\_\_\_\_

Year: \_\_\_\_\_

Please answer the following questions regarding your school.

1. Tuition per student: \_\_\_\_\_  
Tuition for entire school (per student x # of students): \_\_\_\_\_
2. Total number of Grade school students: \_\_\_\_\_
3. Total number of Daycare students: \_\_\_\_\_
4. Total number of Teachers: \_\_\_\_\_  
of all teachers how many are: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
of all teachers how many P.E. Teachers are: Full Time: \_\_\_\_\_  
Part Time: \_\_\_\_\_
5. How many Teachers are also Coaches: Full Time: \_\_\_\_\_  
Part Time: \_\_\_\_\_
6. Total number of Volunteer Coaches (not employed): \_\_\_\_\_
7. Total number of Teacher Aides: \_\_\_\_\_
8. Total number of nurses: \_\_\_\_\_
9. Total number of support staff (admin, facilities, etc.): Full Time: \_\_\_\_\_  
Part Time: \_\_\_\_\_
10. Total number of Cafeteria workers: \_\_\_\_\_
11. Total number of Substitutes: \_\_\_\_\_

12. Breakdown of students and teachers:

	# of Students	# of Teachers
• Daycare:	_____	_____
• Kindergarten (PreK & K):	_____	_____
• Elementary (1-8):	_____	_____
• High School (9-12):	_____	_____

13.Total number of Police Officers: \_\_\_\_\_

14.Total Number of Counselors (other than Clergy): \_\_\_\_\_

15.Total Number of Board Members: \_\_\_\_\_

Of Board members how many are Clergy: \_\_\_\_\_ Lay Members: \_\_\_\_\_

16. Athletic Participation:

# of Participants

• Baseball	_____
• Basketball	_____
• Field Hockey	_____
• Football	_____
• Ice Hockey	_____
• Rowing	_____
• Soccer	_____
• Swimming	_____
• Tennis	_____
• Track & Field	_____
• Volleyball	_____
• Wrestling	_____
• Gymnastics	_____
• Danceline	_____
• Cheerleaders	_____
• Cross Country	_____
• Golf	_____
• Bowling	_____
• Lacrosse	_____
• Other: _____	_____
Grand Total	_____

17. Please provide Information on bleachers, grandstands, and stadiums.  
Numbers and seating capacity for each one even if it's not in use. What are they being used for? Baseball, soccer, softball fields included.

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18. Does your institution require coaches, trainers, and medical personnel to complete a training/education program regarding Traumatic Brain Injury (TBI) or concussion awareness and management plan? \_\_\_\_\_

19. Are there written procedures and protocols in place for each sport to minimize the concussion risk? \_\_\_\_\_  
If yes, please provide a copy.

20. Do your written procedures require the removal of athletes who exhibit signs, symptoms, or behaviors consistent with TBI from all athletic activity at least for the remainder of the calendar day? \_\_\_\_\_

21. Do you have a "Return to Play" program that includes physician or physician's designee authorization before resuming any competition, practice, or conditioning sessions? \_\_\_\_\_