

**COMMONWEALTH OF VIRGINIA**

**DEPARTMENT OF EDUCATION**

**PRIVATE SCHOOLS FOR STUDENTS WITH DISABILITIES**

P. O. Box 2120

Richmond, Virginia 23218-2120

Fax Number: 804-371-8796

## DETERMINATION OF GUARANTY REQUIREMENTS

**8VAC-20-671-230**

**PART I: CURRENT SCHOOL INFORMATION**

Name of School:

Physical Address:       Web Address:

Contact Person:       Telephone Number:

Fax Number:       E-Mail Address:

**PART II: TUITION**

1. Does the school collect advance tuition? Yes [ ]  No [ ]

*(If checked yes, move to question #2. If checked no, you are considered exempt from submitting a guarantee instrument)*

1. Is it equal monthly installments? Yes [ ]  No [ ]

*(If yes, you are considered exempt from submitting a guarantee instrument. If no, submit 1 of the 3 guarantee instrument documents: surety bond, irrevocable letter of credit, or certificate of deposit)*

**Submitted By:**

Name of Authorized School Official:       Title:

Signature of Authorized School Official \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**For Official Use Only**

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_**\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exemption Approved?Yes \_\_\_\_ No \_\_\_\_If no, reason must be given.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of VDOE Specialist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directory and License Change required? Yes \_\_\_\_ No \_\_\_\_ Changed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_