

**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

**APPLICATION TO INCREASE THE MAXIMUM NUMBER OF STUDENTS SERVED BY THE SCHOOL**

**PART I: CURRENT SCHOOL INFORMATION**

Name of School:       Mailing Address

Address:       Web Address:

Contact Person:       Telephone Number:

Fax Number:       E-Mail Address:

**PART II: OCCUPANCY AND STUDENT CAPACITY**

1. Maximum occupancy load on Certificate of Occupancy:
2. Current Licensed Capacity:
3. Current Census:      ­­­
4. Additional Number of Students Requested :
5. Total Number of Students to be Served **(current plus additional)**

**PART III: STAFF**

1. Current Staff: Teachers       Others
2. Number of proposed additional staff: Teachers       Others
3. Total Number of staff (**current plus additional**): Teachers       Others

**PART IV: CLASSROOMS**

1. Current number of classrooms
2. Number of proposed additional new classrooms (based on the measurement requirement of at least 50 sq. ft. per student):
3. Square footage for each classroom       Allowable # of Students
4. Square footage for each classroom       Allowable # of Students
5. Square footage for each classroom       Allowable # of Students
6. Total number of classrooms (**include new classrooms**)

**PART V: REASON**

1. What prompts this request to increase the maximum number of students served?

**Submitted By:**

Name of Authorized School Official:       Title:

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

**For Official Use Only**

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Increase Requested: \_\_\_\_\_\_\_\_\_Increase of Students Approved: Yes \_\_\_ No \_\_\_\_

Number Approved: \_\_\_\_\_\_ New Licensed Capacity: \_\_\_\_\_\_ If no, reason must be given \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of VDOE Specialist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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