

**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 OR NOTIFICATION TO CHANGE THE CURRENT PROGRAM

**A PRIVATE SCHOOL FOR STUDENTS WITH DISABILITIES**

## PART I: CURRENT SCHOOL INFORMATION

Name of School:

Physical Address

Physical Address:

Web Address:

Contact Person:

Telephone Number:

Fax Number:

Email Address:

## PART II: REQUESTED CHANGES TO THE PROGRAM

1. Changing the ages of the students you serve? Yes  No

If yes, describe the proposed change(s).

1. Changing the gender of students served in the school?

Female Only  Male Only  Co-Educational

Describe how this proposed change may affect programs, coursework, staffing, and facility (e.g., bathrooms, locker room).

1. Adding or eliminating grade levels? Yes  No

If yes, describe the proposed change(s).

1. Decreasing capacity? Yes  No

If yes, requested new capacity.

1. Deleting a disability category(ies)? Yes  No

If yes, which category(ies) are you deleting?

*(submit revised publication materials if applicable)*

1. Adding, eliminating, or changing a vocational program? Submit the curriculum for this proposed program. Yes  No

If yes, describe the proposed change(s).

1. Changing to, or from, a departmentalized middle or high school program? Yes  No  If yes, describe the proposed change(s).
2. Other:

Yes  No  If yes, describe in detail the proposed change (s)

### Submitted By:

* Name of Authorized School Official:
* Title
* Signature of Authorized School Official:
* Date:

Last section is for Official Use Only

**For Official Use Only**

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

Change of Program Approved? Yes \_\_\_ No \_\_\_\_ If no, reason must be given.

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

Directory and License Change required? Yes \_\_\_ No \_\_\_\_ Changed By \_\_\_\_\_\_\_\_\_\_\_\_