

**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

# NOTICE OF CHANGE IN ADMINISTRATION OF THE SCHOOL

**PART 1: CURRENT SCHOOL INFORMATION**

Name of School:       Mailing Address:

# Physical Address:       Web Address:

Contact Person:       Telephone Number:

Fax Number:       E-Mail Address:

# Person Designated To Be Responsible For the Administration of the School

1. Name of person who was replaced:
2. Name of new administrator:
3. Official Title:
4. New e-mail address:
5. Is this person a graduate of an accredited college or university? Yes [ ]  No [ ]
6. Does this person hold a professional license? Yes [ ]  No [ ]
7. **Person Designated to be the Instructional Leader of the School (if different from School Administrator)**
8. Name of person who was replaced:
9. Name of new instructional leader:
10. Official Title:
11. New e-mail address:
12. Does this person hold a valid five-year renewable post graduate professional license issued by the Virginia Board of Education? Yes [ ]  No [ ]

**SEND A COPY OF THE TEACHING LICENSE AND/OR DIPLOMA WITH THIS APPLICATION**

***Note: If A and B are the same person the qualifications for B apply.***

## Submitted By:

Name of Authorized School Official:       Title:

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

**For Official Use Only**

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

Does the applicant meet the minimum requirements for the position? Yes \_\_\_ No \_\_\_\_

If no, what action was taken? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Directory change required? Yes \_\_\_ No \_\_\_\_ Changed by: \_\_\_\_\_\_\_\_\_\_\_