

**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

**NOTIFICATION OF A CHANGE IN THE NAME OF THE SCHOOL**

**Part I: Current School Information**

Current Name of School:       Mailing Address

Address:       Web Address:

Contact Person:       Telephone Number:

Fax Number:       E-Mail Address:

**Part II: Required Attachments**

1. What is the proposed name of the school?
2. [ ]  Attach evidence of filings with the State Corporation Commission reflecting the name change. <http://www.scc.virginia.gov/clk/befaq/fict.aspx>
3. [ ]  Submit copies of advertising and web links that reflect the name change.
4. Is the Change in the Name of a School due to a change in ownership? [ ]  Yes [ ]  No

*If yes, a new Application for License to Operate a Private School for Students with Disabilities must be submitted.*

**Submitted By:**

Name of Authorized School Official:       Title:

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

**Official Use Only**

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

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

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