

**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

**MERGER APPLICATION**

**PART I: SCHOOL INFORMATION**

**SCHOOL ONE**

Name of School:       Mailing Address

# Physical Address:       Web Address:

Contact Person:       Telephone Number:

Fax Number:       E-Mail Address:

Name of Owner       School Administrator

**SCHOOL TWO**

Name of School:       Mailing Address

# Physical Address:       Web Address:

Contact Person:       Telephone Number:

Fax Number:       E-Mail Address:

Name of Owner       School Administrator

**PART II: NEW SCHOOL INFORMATION**

Name of School:       Mailing Address

# Physical Address:       Web Address:

Contact Person:       Telephone Number:

Fax Number:       E-Mail Address:

Name of Owner       School Administrator

**PART III QUESTIONS**

1. Are you moving to a new location? [ ] Yes [ ] No

*(If yes, then you must complete a Change in Location form)*

1. Are you closing a facility? [ ] Yes [ ] No

*(If yes, return the original license to the department)*

1. Are you moving students from one facility to an existing facility? [ ] Yes [ ] No

*(If yes, answer questions a, b, and c. If no, move to question #4)*

* 1. What is the current capacity of the existing facility? \_\_\_\_\_\_\_\_\_\_\_\_
	2. What is the current census in the existing facility? \_\_\_\_\_\_\_\_\_\_\_\_\_
	3. How many students will be relocated from the closing facility to the existing facility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Will the merge change the capacity of students licensed to be served in the proposed facility?

 [ ] Yes [ ] No

(*If yes, you will need to complete an Application to Increase the Maximum Number of Students)*

**PART IV: ANTICIPATED MERGE DATE:**

**Submitted By:**

Name of Authorized School Official:       Title:

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

**For Official Use Only**

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

Merger 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 \_\_\_\_\_\_\_\_\_\_\_\_