|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School Division Name: | |  | |  |  |
| Division Point of Contact: | | |  |  | Scan and email signed form to: ResultsHelp@doe.virginia.gov  Office of Data Services  Virginia Department of Education |
| Contact’s Phone Number: | | |  |  |  |
| Contact’s Email: |  | | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution Name: | |  | | |
| Mailing Address: |  | | | |
| Street Address: |  | | | |
| Phone Number: |  | | Principal’s Name: |  |

**OPEN**

**New facility** that includes new administrative staff, teachers, and new/modified attendance zones.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| New school (with Fall Membership, State Accreditation Rating, School Quality Profile) | | | | | New center/ program | | | | | |
| Request a specific school number:  Yes, requested number: | |  | | No | | | Opening Date: | |  | |
| School type: |  | | Low Grade: | | |  | | High Grade: | |  |

**CHANGE**

|  |  |  |
| --- | --- | --- |
|  | **New School Name** (school number remains the same): |  |

**New facility that replaces a facility at a different location**. Administrative staff, teachers, and students are reassigned to new location. (This is an address change. School number remains the same)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **New Grade Span** (school number could change): | New Low Grade: |  | New High Grade: |  |

**New attendance zones that change the student body more than 30%.** Describe in the Comments section below. Include all affected schools and grades. (school number could change)

**Other Change** please include a description of the change

|  |
| --- |
|  |

**CLOSE**

|  |  |  |  |
| --- | --- | --- | --- |
| Institution Name: |  | School Number: |  |

**COMMENTS**

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| --- |
|  |

**Please note that assignment of a new school number will not necessarily result in revised accountability ratings for the school.**

|  |  |
| --- | --- |
|  |  |
| School Nutrition Administrator’s Signature | Date |
| Superintendent’s Signature | Date |