|  |  |  |  |
| --- | --- | --- | --- |
| 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**

|  |
| --- |
|       |

**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 |