|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  | | | | White star beaming down in a blue box next to blue lettering spelling "Maine Department of Education."  **Annual School Approval Report**  **\* NONTRADITIONAL LIMITED PURPOSE PRIVATE SCHOOL \*** | | | | | | | | | | | | | | | | | | | |  | | | DOE Use Only | | | | | |
|  | | |  | | | | **2019-2020** | | | | | | | | | | | | | | | | | | | |  | | | | | |  | |
|  | | |  | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | |
| Nontraditional Limited Purpose Schools seeking basic school approval in accordance with Title 20-A M.R.S.A. Section 2907 and other applicable requirements must complete and supply the information requested on this annual renewal form. **Please note that, pursuant to Section 2907, Nontraditional Limited Purpose Schools are not eligible for state subsidy.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | | | |  | |
| Person Completing Form: | | | | |  | | | | | | | | | | | | | | | | | Phone: | | | |  | | | | | | | | |
|  | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | | | |  | |
| **PART I:** | | | | **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | |
| 1. | Name of School | | | |  | | | | | | | | | | | | | | | | | | Phone: | |  | | | | | | | | | |
|  |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | |
| 2. | Location | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | (Street/Route) | | | | | | | | (Town/City) | | | | | | | | | | | | | | | | | (Zip) | | | |
| 3. | Physical/Mailing Address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | (P. O. Box/Street/Route) | | | | | | | | | | | | | (Town/City) | | | | | | | | | | | | | (Zip) | | | |
|  |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | |
| 4. | Primary Contact(s): Email: | | | | | | |  | | | | | | | | | | | | | | | | FAX: | | | |  | | | | | | |
|  |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | |
| 5. | Name of head of school for school year 2019-20 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 5. | Name of legal owner of the school (person/org.) | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | |
| 6. | This school is: (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | |
| a. | Boarding | | | | | | |  | |  | | |  | | | | | | | | | | | | | | |  | | |  |  |  |
| b. | Sectarian | | | | | | |  | |  | | |  | | | | | | | | | | | | | | |  | | |  |  |  |
| c. | Non-profit | | | | | | |  | |  | | |  | | | | | | | | | | | | | | |  | | |  |  |  |
| d. | NEASC-accredited | | | | | | |  | |  | | | Accreditation dates | | | | | | | | | | | | | | |  | | |  |  |  |
| e. | Incorporated in Maine | | | | | | |  | |  | | | (Attach incorporation letter) | | | | | | | | | | | | | | |  | | |  |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | Grade span(s) (do not include pre-K) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (see Pre-K licensing requirements at [the Childcare Licensing, Subsidy & Food Program webpage.](http://www.childcarechoices.me/childcarelicensingandsubsidy.aspx)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | Estimated 2019-20 enrollment \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | |
|  |  | | | | | | **CERTIFICATE** | | | | | | | | | | | | | | | | | | | |  | | | | | |  | |
| I certify that the written statements herein are complete, true, and correct, and that I am authorized to represent the school submitting this report. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  |  | | | | | | | | | | | |  | | |  | | | | |  | | | | | |  | | | | | |  | |
| (Date) | | | | | | | | | | | | |  | | (Signature of Head Administrator) | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | |  |  | | | | | |  | | | | | | |  | | | | | |  | |
| **RETURN ELECTRONICALLY WITH ALL DOCUMENTATION ATTACHED TO:** | | | | | | | | | |  | | **OR** | | | | | | | **RETURN ORIGINAL AND ACCOMPANYING DOCUMENTATION TO:** | | | | | | | | | | | | | | | | | |
| School Approval Consultant | | | | | | | | | |  | |  | | | | | | | School Approval Consultant, Maine DOE | | | | | | | | | | | | | | | | | |
| [SchoolQuestions.DOE@maine.gov](mailto:SchoolQuestions.DOE@maine.gov) | | | | | | | | | |  | |  | | | | | | | 23 State House Station, Augusta, ME 04333-0023 | | | | | | | | | | | | | | | | | |

**DUE NO LATER THAN July 1, 2019**

**PART II: REQUIREMENTS**

**DIRECTIONS: A response to all indicators is required and must be supplied for a valid report, unless otherwise indicated. Failure to demonstrate applicable school approval standards can lead to the revocation of school approval status.**

This school has:

\_\_ An incorporated council, board of trustees, board of directors or other governing board composed of a cross section of the community served by the school (attach documentation)

\_\_ Facilities in compliance with applicable state and municipal health, safety and fire codes.

\_\_ A written policy and procedure for administering medication, including the requirement that unlicensed staff receives training prior to administering medications. 20-A M.R.S. § 254(5)(B). (attach policy)

\_\_ School health services that include a registered nurse in residence when students are in attendance or the appointment of a school or consulting physician; (attach agreement)

\_\_ Established written emergency and safety procedures, including periodic fire drills whenever appropriate (attach procedure document)

\_\_ A protocol for the management of life-threatening allergies. 20-A M.R.S. § 6305(9). (attach policy)

\_\_ A policy regarding student immunizations consistent with 20-A M.R.S. §§ 6352-6358. (attach policy)

\_\_ Regular or substitute employees who hold a background clearance issued by the MDOE, including fingerprinting. 20-A M.R.S. 13024(1)(A). The NEO Information System, Maine Schools and Staff modules are completed/updated for all employees.

\_\_ An instructional staff certified by the Department of Education where appropriate and endorsement by professional boards in areas where the State does not have certification standards or professional standards agreed upon by the department and the respective institution. The NEO Information System, Maine Schools and Staff modules are completed/updated for each teacher.

\_\_ Files a certificate of attendance with the superintendent of each student’s school administrative unit of residence, signed by school officials, showing the name, residence and attendance of the student. 20-A M.R.S. § 5001-A(3)(A)(2)

\_\_ Dissemination of student education records and personally identifiable student information is governed by the provisions of M.R.S. §6001 and in accordance with the Family Education Rights and Privacy Act (FERPA)

\_\_ An established educational plan (attach plan)

\_\_ A written curriculum with appropriate goals, objectives and instructional strategies (attach curriculum)

\_\_ Specific instructional time commensurate with the educational activities planned (attach calendar)

\_\_ The unique up-to-date equipment necessary to the services provided

\_\_ A demonstrated commitment to work cooperatively with state public schools in an effort to meet the specific aspiration needs of Maine students

\_\_ Scholarship assistance to the State's youth.

|  |  |  |
| --- | --- | --- |
| **PLEASE DO NOT WRITE BELOW THIS LINE - FOR MDOE USE ONLY** | | |
| **This is a complete and acceptable report and the school is granted a renewal of basic school approval for the period commencing July 1, 2019 and ending June 30, 2020.** | | |
|  |  |  |
|  |  |  |
| **(Date)** |  | **(School Approval Specialist)** |