

Return to:  
Office of Accountability, Accreditation, and Program Approval  
Nebraska Department of Education  
301 Centennial Mall South  
Lincoln, NE 68509-4987

NDE: 08-046  
New 5/2013  
Date Due: May 15

**APPLICATION FOR CONDITIONAL APPROVAL  
TO OPEN A NEW INTERIM-PROGRAM SCHOOL  
Under Rule 18: Regulations and Procedures  
For the Legal Operation of Approved Interim-Program Schools**

Type of School:

Sponsoring Organization:

Check Appropriate Boxes:  Elementary  
 Middle  
 Secondary

County Detention Home  
 Institution  
 Juvenile Emergency Shelter

Grades to be included: \_\_\_\_\_

Anticipated Daily Enrollment: \_\_\_\_\_

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**Name of Interim-Program School:** \_\_\_\_\_

Street/Box #: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**County, Group or Individual Sponsoring the Interim-Program School:** \_\_\_\_\_

Street/Box #: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**School Contact Person:** Name: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Has the State Fire Marshall's Office inspected and approved the proposed facility?  Yes  No

Has a study of the regulations of Rule 18 shown that the school above will be able to meet the regulations?  Yes  No

Has staff with proper Nebraska certification been secured to administer and teach in the proposed school?  Yes  No

If yes, please provide the following:

<u>Position</u>	<u>Name</u>	<u>Certificate Number</u>	<u>Endorsement</u>
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System Administrator	_____	_____	_____
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Principal (if applicable)	_____	_____	_____
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School Liaison	_____	_____	_____
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Teacher(s)	_____	_____	_____
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	_____	_____	_____
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	_____	_____	_____
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**Please list all the officers of the board or governing body:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of contact person above:** \_\_\_\_\_