



NEW YORK STATE EDUCATION DEPARTMENT ADDENDUM TO THE PETITION TO REGISTER A NEW SCHOOL

Form A

Note: The district must complete a separate form for *each* new school it intends to open.

School District:		
Name of Proposed School:		
School Address:		
Building/Facility Code: <small>Found on the Certificate of Occupancy</small>		
	At Opening:	At Full Capacity:
Grades to be Served:		
Enrollment:		

Contact Person:	Phone Number:	Email:

1. Is the new school to be a successor/replacement to a SURR/PLA (School Under Registration Review/ Persistently Lowest Achieving) school?
If yes, please provide the school's information in the table below. In addition, please complete Form D for the Closing School that will be replaced.
 Yes No

School Name	BEDS Code	Intervention Model	Current Accountability Status	Accountability Status for Previous Year

SCHOOL BUILDING INFORMATION

2. Was the school building occupied by another school(s) last year?
If yes, please provide the school's information in the table below.
 Yes No

School Name	BEDS Code	Current Accountability Status	Accountability Status for Previous Year

3. Will the school share the building with another school(s) in the upcoming school year? *If yes, please provide the school's information in the table below.*

Yes No

School Name	BEDS Code	Current Accountability Status	Accountability Status for Previous Year	Indicate Shared Resources

4. Is the new school a result of an increase in student population or a split of a single school into separate grade configurations? *If yes, please indicate the school(s) from which students will be moved.*

Yes No

School Name	BEDS Code	Current Accountability Status	Accountability Status for Previous Year

SCHOOL LEADER AND STAFF

1. Please provide the name of the proposed principal, as well as his/her most recent school employment history. Also, **attach a resume*** to indicate the school leader's employment history/schooling.

Principal Name	Last Two Schools of Employment	# of Years	BEDS Code	Current Accountability

*Only required if the individual served at the school as the school leader/principal for more than five years.

5. Please indicate the total number of teachers, by grade level, for the upcoming school year.

Grade	Number of Teachers
K	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
Total	
First-Year Teachers	
SWD	

6. Please identify the district schools from which the teaching staff will transfer. Please provide the requested information for the former schools of transferred teaching staff. Additionally, identify the number of first-year teachers and any non-certified teachers, as well as teachers who will transfer from schools outside the district.

School Name	BEDS Code	Number of Teachers	Current Accountability	Accountability Status for Previous
First-Year Teachers				
Non-Certified Teachers				
Outside of District				

7. Please describe the staffing plan. Please provide the total number of staff in each position, and include the number reassigned to the new school and the number of new teachers.

Position	Total #	# Re-Assigned From a Closure/ Phase-Out School(s)	# Re-Assigned From Another School(s)	# New
Principal				
Assistant Principal(s)				
Supervisor of Special Ed.				
Classroom Teachers				
Other Pedagogical Personnel				
Non-Pedagogical Personnel				

STUDENT ENROLLMENT

8. Please explain how students will be assigned to the new school. Will the school require any special admissions criteria or implement any admissions procedures? For example, will an application be required prior to enrollment? Are there any particular admissions preferences? Are any groups of students excluded from admissions? Please provide an explanation on a separate sheet of the definition for this school's enrollment process.

9. Please identify the district schools from which the students will transfer. Please provide each school's information and indicate the number of students who will transfer from schools outside of the district.

School Name	BEDS Code	Number of Students	Current Accountability Status	Accountability Status for Previous Year
Outside of District				

10. Please enter enrollment projections for the upcoming school year, and for the school at full capacity in the table below.

	K	1	2	3	4	5	6	7	8	9	10	11	12	Ungraded	Total
Upcoming School Year															
Average Class Size															
At Full Capacity															
New Average Class Size															

11. Will the school serve **English language learners (ELL)**, **students with disabilities (SWD)**, students who are **economically disadvantaged (ED)** or **other** at-risk populations?

Yes No

If yes, please indicate the intended enrollment in the tables below. In addition, please provide an explanation on a separate sheet about how these groups will be served over time (until the school reaches its full capacity).

	Number	Percentage
SWD		
ELL		
ED		
Other : _____		

How will the school's ELL student population compare to the overall district population? Will the school serve a higher, lower, or comparable percentage of ELL students than other schools in the district?	Higher <input type="checkbox"/>	Lower <input type="checkbox"/>	Comparable <input type="checkbox"/>
How will the school's SWD student population compare to the overall district population? Will the school serve a higher, lower, or comparable percentage of SWD students than other schools in the district?	Higher <input type="checkbox"/>	Lower <input type="checkbox"/>	Comparable <input type="checkbox"/>
How will the school's ED student population compare to the overall district population? Will the school serve a higher, lower, or comparable percentage of ED students than other schools in the district?	Higher <input type="checkbox"/>	Lower <input type="checkbox"/>	Comparable <input type="checkbox"/>

If no, please provide an explanation on a separate sheet about how these groups will be served by the district of location.

CURRICULUM

12. Will the school provide all students with instruction in the learning standards, administer mandated State tests or approved alternatives, and provide at least 180 days of instruction, as is required by Commissioner's Regulations?

Yes No

If no, please provide an explanation on a separate sheet about how these students will be served by the district of location to ensure that the school will perform at or above proficiency levels in all subject areas, every school year.

13. Will the school's curriculum be modeled on one that is currently being implemented in another school that has been identified for improvement?

Yes No

If yes, please identify the school(s) and the core component(s) that will be shared over time.

Subject	School Name	BEDS Code	Current Accountability Status	Curriculum	Components	Grades
<i>Example:</i> ELA	ABC School	123456789012	Priority	Core Knowledge	Writing: Text types, responding to reading	K-8
ELA						
Math						
Science						
Social Studies						

14. Will any sources of curriculum currently being implemented in the school change as a result of the anticipated change in school registration and/or its status.

Yes No

If yes, please identify the component(s) that will be changed over time.

Subject	Curriculum	Components	Grades
<i>Example:</i> ELA	Core Knowledge	Writing: Text types, responding to reading	K-8
ELA			
Math			
Science			
Social Studies			