

**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:

Check Appropriate Boxes: ☐ Elementary
☐ Middle
☐ Secondary

Sponsoring Organization:

☐ County Detention Home
☐ Institution
☐ Juvenile Emergency Shelter

Grades to be included: _____

Anticipated Daily Enrollment: _____

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 Marshal's Office inspected and approved the proposed facility? ☐ Yes ☐ No

Has a study of Rule 18 regulations shown that the school above will be able to meet them? ☐ 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:

Position	Name	Certificate Number	Endorsement
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System Administrator: _____

Principal (if applicable): _____

School Liaison: _____

Teacher(s): _____

Please list all the officers of the board or governing body:

Name: _____ Address: _____ Phone No.: _____

Signature of contact person above: _____ **Date:** _____

Return completed form to: nde.accreditation@nebraska.gov