APPLICATION FOR AN INAUGURAL AUTHORIZATION TO OPERATE A PRIVAT								POS	TSE	ECO	NDA	RY CA	REE	R SC	HOOL IN N	NEBR	ASK	A #	2 FO	RM 5 F	ROGRAN	IS OR MO	RE
Name of School:								Administrative Director of School:															
School Address including Street, City, State, Zip:							Home Address of Administrative Director, including Zip:																
Mailing Address of School including Zip:							Enclosed are completed Administrative Director and Instructor Qualification Forms.																
Telephone: E-Mail Address: Web Site:							Attached is a statement verifying that none of the following persons have any felony convictions: (1) any persons having twenty-five (25) percent or more ownership of the applicant school (2) resident director (3) administrative staff members.															more	
The ownership of this school is a sole proprietorship. The name and home address of the proprietor are listed below. The ownership of this school is a partnership. The names and titles of all partners with their respective home addresses are listed below. The ownership of this school is a corporation. The name and address of the corporation, and the names and titles of corporate officers with								ow. 's with their respective home addresses are listed below. Home Address of Proprietor/Partner or of Corporation, including Zip Code: FISCAL YEAR END DATE:/															
Name of Proprietor, Partnership, or Corporation:								ome A	ddress	s of Pr	roprietor/	Partner o	r of Corp	poration	i, including Zip Co	ode:							
Name and Title:							Home Address:																
Name and Title:							Home Address:																
Enclosed are the names, addresses, and current status of all schools of which the applicant has previously owned any inter authorization to operate from any governmental body or accrediting agency.								Interest in, and currently owns any interest in, and a declaration as to whether any of these schools were ever denied accreditation, licensing, or															sing, or
Enclosed are copies of the owners' financial statements (balance sheet & income statement) and/or the most recent federa state income tax returns.							Enclosed is a surety bond or other agreement acceptable to the Department (\$20,000) and the non-refundable statutory fee of \$360.00 plus \$135.00 per program made payable to the Nebraska Department of Education.															fee of	
	Program Title	Student/ Days of Teacher				Atten	dance	lance					e of very	Maximum Enrollment	Program Length				Program Measurement		Tuition Charge	Total Tuition	
schedule showing dates and ho Attached is a list of major items	ns which will be offered. ted, is a course outline, a course description, and ours of attendance, not given in the catalog. s/tools/ equipment available or which will be made ion relative to year, make, and model.)		Ratio	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Certificate	Diploma	Resident	Resident Home Study Days Weeks Months Years	Clock Hours	Credit Hours	Per Quarter/ Semester	Charge Per Program					

Copies of the following data are enclosed: 1) all enrollment agreements or contract forms to be used with the students; 2) samples of a student transcript and forms which will be used to monitor student attendance, academic progress, conduct, and placement; 3) policy regarding the maintenance of student records as required in Rule 41; 4) sample of the credentials (certificate/diploma) that will be awarded to students at successful completion of the program of study; 5) media advertising and promotional literature and brochures; 6) school catalog containing the information required by Rule 41; 7) floor plan of the school showing classrooms, students' lounge, rest rooms, etc.; 8) evidence of facility ownership or lease for at least one year; 9) inspection reports from local and state regulatory agencies indicating that the premises and conditions under which students will work and study meet sanitation and safety requirements; 10) application, fee, and bond for an agent's permit																				
Send completed form and supporting documents to Program Director, Private Postsecondary Career Schools and Veterans Education, Nebraska Department of Education, P.O. Box 94987, Lincoln, NE 68509-4987.						If the applicant school is owned by an individual, this application should be signed by the owner. If owned by a partnership, it should be signed by the managing partner. If owned by a corporation or association, by one of the authorized officers. I have read this application, and the statements therein made are true to the best of my knowledge, information, and belief.													_	
This form may not be reworded.						nature	(Writt	en)					Sig	nature	(Турес	d/print	ed)			