



**NEW YORK STATE EDUCATION DEPARTMENT
ADDENDUM TO THE PETITION TO REGISTER A NEW
SCHOOL OR PETITION TO CHANGE THE
ACCOUNTABILITY STATUS OF AN EXISTING SCHOOL DUE
TO A SPLIT, MERGER OR NEW GRADE CONFIGURATION**

District: (NYC- COMMUNITY SCHOOL/ GEOGRAPHIC DISTRICT)							
Address:							
Person Completing the Form:							
Title:							
Phone:							
FAX:							
E-mail:							
Name of School:							
<p>The school is being created or its accountability status is requested to be modified as a result of the following: MERGER SPLIT NEW GRADE CONFIGURATION</p>							
<p>If this is a petition to change the accountability status of a current school, enter the current school's or schools' BEDS CODE(s): _____ If this is an addendum to the petition to create a new school that must be issued a new BEDS code, check this box:</p> <p align="right"><input type="checkbox"/></p>							
	<table border="1"> <thead> <tr> <th>OPENING</th> <th>FULL CAPACITY</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>	OPENING	FULL CAPACITY				
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Grades to be Served:							
Enrollment:							
Date of Petition Submission:							
Date of Addendum Submission (if different):							

Signatures

	Print	Signature
Community School District Superintendent (NYC)		
Superintendent of Schools (ROS)		

(Shaded space is for New York State Education Department use only.)

1. Was the school building occupied by another school(s) last year?

YES	NO
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2. Will the school share the building with another school(s) in 2009-2010?

YES	NO
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If yes, please identify the school(s): Please give the full name and number.	BEDS code	Place \checkmark in box below if the building space will be shared with new school in 09-10 .	Accountability Status (AS)

3A. Is the new school the result of a school split*? If no, skip to four.

YES	NO
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If yes, please provide the full name of the school being split:	BEDS code	Accountability Status (AS)

*Split—The new school is being separated from a currently registered public school.

3B. Use the corresponding rows below to identify the grades that were being served at the original and the grades that will be served at the newly configured original school as well as at the new school.

Original (2008-09)	K	1	2	3	4	5	6	7	8	9	10	11	12
Original (2009-2010)	K	1	2	3	4	5	6	7	8	9	10	11	12
New (2009-2010)	K	1	2	3	4	5	6	7	8	9	10	11	12

Work horizontally, circle or check each box to identify grade configuration at each site.

4A. Is the new school the result of a merger* of schools? If no, skip to five.

YES	NO
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If yes, please name the schools: Please give the full name and number.	BEDS code	Accountability Status (AS)

*Merger— Two or more currently registered schools uniting to form one distinct learning environment.

4B. For mergers, use the corresponding rows below to identify the grades to be served at the original/merging schools and the new schools.

													BEDS code	
Merging	K	1	2	3	4	5	6	7	8	9	10	11	12	
Merging	K	1	2	3	4	5	6	7	8	9	10	11	12	
Merging	K	1	2	3	4	5	6	7	8	9	10	11	12	
New	K	1	2	3	4	5	6	7	8	9	10	11	12	n/a

Work horizontally, circle or check each box to identify grade configuration at each site.

5. Is the new school to be a successor to a SURR school?

YES	NO
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6. Is the new school a result of a phase-out or a closure?

YES	NO
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If yes, projected date of school closure:	
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7. Please provide the name of the proposed principal and attach a resume to indicate the school leader's most recent employment history/schooling.

Principal's name: _____

8. Please identify the district schools that the teaching staff will be coming from. (Space is also provided to indicate the number of teachers who have come from outside of the district and those that are first year teachers.)

School Please give the full name and number.	BEDS code	Number of teachers	AS
First year teachers			
Outside of district			

9. Please identify the source of the curriculum to be implemented in the new school. (For example: Will the curriculum be modeled on one that is currently being implemented in another school? If yes, identify the school(s) and the component(s) that will be shared.)

School name Please give the full name and number.	BEDS code	Components	AS
Example: North School		Math, social studies, technology	
Example: East School		ELA	

10. Please identify how students will be assigned to the new school. (Circle all that apply.)

ATTENDANCE ZONE *(See #13) SELECT MAGNET HIGH SCHOOL ENROLLMENT
 SPECIAL ADMISSIONS NEIGHBORHOOD SCHOOL *(See #13)
 CHOICE PROGRAM Other: _____

11. Please identify the schools that students will be coming from. (Space is also provided to indicate the number of students who have come from outside of the district.)

School Please give the full name and number.	BEDS code	Number of students	AS
Outside of district			

12. 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?) If so, please describe.

YES	NO
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13. Will the new school serve English Language Learners (ELLs) and students with disabilities (SWDs) in year one?

YES	NO
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Please indicate the intended enrollment:

	ELLs	SWDs												
In first year it is anticipated that the school will serve the following:														
A higher percentage of ELLs and/or SWDs than the district of location.	<table border="1"><tr><td>YES</td><td>NO</td></tr></table>	YES	NO	<table border="1"><tr><td>YES</td><td>NO</td></tr></table>	YES	NO								
YES	NO													
YES	NO													
Comparable percentages of ELLs and/or SWDs than the district of location.	<table border="1"><tr><td>YES</td><td>NO</td></tr></table>	YES	NO	<table border="1"><tr><td>YES</td><td>NO</td></tr></table>	YES	NO								
YES	NO													
YES	NO													
Lower percentages of ELLs and/or SWDs than the district of location in year one but comparable or higher percentages by year _____.	<table border="1"><tr><td>Year</td></tr><tr><td>(Insert number.)</td></tr></table>	Year	(Insert number.)	<table border="1"><tr><td>Year</td></tr><tr><td>(Insert number.)</td></tr></table>	Year	(Insert number.)								
Year														
(Insert number.)														
Year														
(Insert number.)														
Lower percentages of ELLs and/or SWDs than the district of location in year one and in subsequent years.	<table border="1"><tr><td>YES</td><td>NO</td></tr></table>	YES	NO	<table border="1"><tr><td>YES</td><td>NO</td></tr></table>	YES	NO								
YES	NO													
YES	NO													
Zero ELLs and/or SWDs in year one, but _____ percentages over time.	<table border="1"><tr><td>Year 2</td><td>Year 3</td><td>Year 4</td></tr><tr><td></td><td></td><td></td></tr></table>	Year 2	Year 3	Year 4				<table border="1"><tr><td>Year 2</td><td>Year 3</td><td>Year 4</td></tr><tr><td></td><td></td><td></td></tr></table>	Year 2	Year 3	Year 4			
Year 2	Year 3	Year 4												
Year 2	Year 3	Year 4												
Zero ELLs and/or SWDs in life of school.	<table border="1"><tr><td>YES</td><td>NO</td></tr></table>	YES	NO	<table border="1"><tr><td>YES</td><td>NO</td></tr></table>	YES	NO								
YES	NO													
YES	NO													

14. Is there any additional information that you would like the Commissioner to consider when determining the accountability status of the new public school?

YES	NO

If yes, please attach a separate sheet and include with submission.