

New York State Education Department
 Bureau of Proprietary School Supervision
 99 Washington Avenue, Room 1613 OCP
 Albany, New York 12234
 (518) 474-3969

Checklist for Completing School Move

School Name:	
SED Code(s):	
New School Address:	
New School City and Zip Code:	
New Telephone Number:	
New Email Address:	
When does the school hope to make this move (you must provide a target date; it can be changed if needed): Date:	
Is the new location accepting school mail yet? <input type="checkbox"/> Yes <input type="checkbox"/> No (if not, when will the new location be able to accept school mail? Date:	
(For Bureau Use Only) Reviewed by:	Date:

This checklist must be submitted, **in duplicate**, with **two (2) copies** of all required documents as indicated below for approval of the new location. Failure to submit this checklist may delay the processing of your submission. Please indicate that the items below are included with this submission by placing an "X" in the designated column.

	"X"	SCHOOL USE	BUREAU USE
1.		Application for Approval of Quarters, BPSS-6	Yes No
2.		Certificate of Occupancy	Yes No
3.		Proof of Fire Department approval	Yes No
4.		Approval from local Health Department (if required)	Yes No
5.		Listing of active personnel (directors, instructors, agents) including license/certificate numbers. Include and label two (2) 1" x 1" photos of each agent.	Yes No
6.		Administrative Forms (school catalog and enrollment agreements and any other forms containing school address)	Yes No

Signature of School Director/Owner

Date

Name of School Director/Owner

Date