



## Private K-12 School Renewal Application/Annual Reporting

Name of Institution:	Contact Name:
Telephone Number:	Fax Number:
<b>Mailing Address</b>	<b>Physical Address (if different)</b>
Street Address:	Street Address:
City/State/Zip:	City/State/Zip:
Email:	Website:
Registration Period: July 1, _____ through June 30, _____	
Does an accreditation body approved by the United States Department of Education accredit the above institution?    Yes    No <i>If yes, please provide a copy of the accreditation certificate.</i>	

**Institution assures that this school is in compliance with local, city, and county ordinances, and state laws relating to the health and safety of all persons upon the premises and complies with all requirements of “Wyoming Private School Licensing Rules and Regulations”.**

**The enclosed information is true and correct to the best of my knowledge.**

Chief Administrator (print or type)	Title
Signature	Date

Applications must be submitted no later than **June 30<sup>th</sup>** annually. Please submit electronically or via mail to the following address:

**Wyoming Department of Education  
 2300 Capitol Ave.  
 Hathaway Bldg. 2<sup>nd</sup> Floor  
 Cheyenne, WY 82002  
 elaine.marces@wyo.gov**

**Directions:**

- Documentation is required for all items that apply to your school.
- Please submit documentation in a neat and organized manner – the easier documentation is to find, the easier the review will be and the likelihood of requests from the WDE for further documentation and clarification are reduced.
- Documentation may be submitted electronically.
- Please have all documentation delivered to the WDE by June 30th.

<b><u>ITEM MONITORED</u></b>	<b>Please check to indicate if documentation is included</b>
<p>1) <b>SCHOOL OPERATIONS:</b></p> <p>a) Alphabetical list of administrators, faculty and staff by:</p> <p style="padding-left: 40px;">i. New Staff;</p> <p style="padding-left: 40px;">ii. Current Staff who were previously reported on last application; and</p> <p style="padding-left: 40px;">iii. Staff who were reported on previous application but are no longer employed;</p> <p>b) WDE Personnel Form for each New Staff;</p> <p>c) List of registered agents;</p> <p>d) Student and Parent Handbooks; and</p> <p>e) Emergency Operating Plan.</p>	<p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p> <p>e.</p> <p><i>If documentation is not available, please indicate why:</i></p>
<p>2) <b>ENROLLMENT:</b></p> <p>a) Grades served;</p> <p>b) Number of students enrolled in the school on October 1<sup>st</sup> of the current school year by grade (K-12);</p> <p>c) Number of students that dropped out of grades 9-12 during the current school year; and</p> <p>d) Number of students that completed high school and received a diploma issued by your school in the current school year.</p>	<p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p> <p><i>If documentation is not available, please indicate why:</i></p>

<p>3) <b>ASSESSMENTS:</b></p> <ul style="list-style-type: none"> <li>a) Name of assessments used;</li> <li>b) Performance metrics on assessments; and</li> <li>c) Assessment calendar.</li> </ul>	<ul style="list-style-type: none"> <li>a.</li> <li>b.</li> <li>c.</li> </ul> <p><i>If documentation is not available, please indicate why:</i></p>
<p>4) <b>CALENDAR:</b></p> <ul style="list-style-type: none"> <li>a) Number of days students are in school; and</li> <li>b) Number of instructional hours each day.</li> </ul>	<ul style="list-style-type: none"> <li>a.</li> <li>b.</li> </ul> <p><i>If documentation is not available, please indicate why:</i></p>
<p>5) <b>POST SECONDARY EDUCATION:</b></p> <ul style="list-style-type: none"> <li>a) School's recommended course of study for college-bound students; and</li> <li>b) Percent of students who have successfully completed the course of study for the current school year.</li> </ul>	<ul style="list-style-type: none"> <li>a.</li> <li>b.</li> </ul> <p><i>If documentation is not available, please indicate why:</i></p>
<p>6) <b>EXTRA-CURRICULAR ACTIVITIES:</b></p> <ul style="list-style-type: none"> <li>a) The number of students in grades 6-12 involved in extra-curricular activities and events.</li> </ul>	<ul style="list-style-type: none"> <li>a.</li> </ul> <p><i>If documentation is not available, please indicate why:</i></p>
<p>7) <b>SCHOOL IMPROVEMENT:</b></p> <ul style="list-style-type: none"> <li>a) School improvement goals.</li> </ul>	<ul style="list-style-type: none"> <li>a.</li> </ul> <p><i>If documentation is not available, please indicate why:</i></p>
<p>8) <b>ENGLISH LANGUAGE LEARNERS:</b></p> <ul style="list-style-type: none"> <li>a) Number of English Learner Students enrolled in the school;</li> <li>b) Name of English language proficiency assessment used to determine English language status; and</li> <li>c) Score for each student reported.</li> </ul>	<ul style="list-style-type: none"> <li>a.</li> <li>b.</li> <li>c.</li> </ul> <p><i>If documentation is not available, please indicate why:</i></p>

**9) TEACHER CERTIFICATION:**

- a) Certification that all professional educational staff members assigned to the private school's educational program are certified with the necessary endorsements covering specific assignments and all educational staff members are assigned in accordance with the certificates and endorsements as specified in the certification regulations set by the Professional Teaching Standards Board (PTSB);
- b) Certification that the chief administrator for the educational programs is certified as an administrator under the certification regulations established by PTSB; or
- c) If the school has professional staff members or administrators who do not qualify for certification or endorsement by PTSB, notification to all parents and the public that their teachers are not certified by the State.

- a.
- b.
- c.

*If documentation is not available, please indicate why:*

**OFFICE USE ONLY:**

License Number: \_\_\_\_\_  
Date Approved: \_\_\_\_\_  
Application Fee: \_\_\_\_\_



**WYOMING DEPARTMENT OF EDUCATION  
CHAPTER 18  
PERSONNEL INFORMATION**

Name of Institution:		
Position held <i>(check more than one if appropriate)</i> :		
Chief Administrator	School Director	Licensed Agent
Instructor	Other(please specify):	
<b>Personal Information:</b>		
Name:		Address:
City/Zip/State		Phone Number:
<b>Formal Education:</b>		
Name of Schools or Colleges:	Date Last Attended:	Degree Earned:
Name of Schools or Colleges:	Date Last Attended:	Degree Earned:
Name of Schools or Colleges:	Date Last Attended:	Degree Earned:
<b>Work Experience:</b>		
Employer - Address:	Position Held:	Dates (From-To):
Employer - Address:	Position Held:	Dates (From-To):
Employer - Address:	Position Held:	Dates (From-To):

I        HAVE        HAVE NOT been dismissed from any position for immoral or unprofessional conduct or had a license or permit revoked or suspended for similar reasons.

***The above information is true and correct to the best of my knowledge and belief.***

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Employee Name (Print or Type)

Date

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Employee Signature

**WYOMING DEPARTMENT OF EDUCATION  
CHAPTER 18  
ADVERTISING POLICY**

Name of Institution:

Address:

If the institution chooses to advertise that they are licensed by the Wyoming Department of Education, the student must sign the following statement: "I understand that (Name of Institution) is licensed by the Wyoming Department of Education in accordance with W.S. 21-2-401 through 21-2-407 and that neither the Department of Education nor the Wyoming State Board of Education has accredited or endorsed any course of study being offered by (Name of Institution)."

**Signature on this document assures that the named institution will abide by this policy, W.S. 21-2-401 through 21-2-407, and Chapter 18 Rules and Regulations.**

\_\_\_\_\_  
Chief Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**WYOMING DEPARTMENT OF EDUCATION  
CHAPTER 18  
LICENSING DISCLOSURE**

<b>Name of Institution:</b>		
<i>Pursuant to Wyoming Statute §21-2-401 and the Wyoming Department of Education, the institution must disclose whether its license has been revoked, suspended, denied, or has not been renewed by the licensing jurisdiction of another state. If such action has been taken against the institution, a detailed explanation of the reasons for the action must be included with this application. Additionally, any and all documents relating to any subsequent judicial or administrative proceedings must be submitted.</i>		
1. Have any of the institution's employees (including: applicant, co-owners, management, marketing and/or other operational personnel) ever had their license revoked, suspended, denied or not renewed in this state or another state?		
NO                      YES		
If yes, please explain:		
Action:	Date:	Jurisdiction:
2. Has the applicant/licensee had past or current material misrepresentation or omission in any information submitted to the Department of Education or failed to report any change in information in a timely manner?		
NO                      YES		
If yes, please explain:		
Action:	Date:	Jurisdiction:

***I have carefully reviewed W.S. §§21-2-401 through 21-2-407 and Chapter 18 Rules and Regulations. The above information is true and correct to the best of my knowledge and belief.***

\_\_\_\_\_  
**Name (Printed)**

\_\_\_\_\_  
**Title (President/Owner)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**