

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF EDUCATION
P.O. BOX 2120
RICHMOND, VIRGINIA 23218-2120

APPROVAL OF CORRESPONDENCE COURSES FOR HOME INSTRUCTION

AFFIDAVIT

(Please Print Or Type)

School Name _____ Grade Levels _____

School Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax No. _____

Web Site Address _____

Chief Operating Officer _____

GENERAL INFORMATION (Check the appropriate boxes)

1. The school identified above ___ is ___ is not accredited by a regional or national accrediting body recognized by the U. S. Department of Education. If accredited, provide name of accrediting organization.

2. The school identified above ___ is ___ is not approved, licensed, certified (or other applicable term) by the appropriate governmental agency in its state of domicile. Please attach verification of your approval or exemption from regulation from the appropriate government agency in the school's state of domicile.
3. The school ___ has ___ has not changed ownership or control, program or course offerings, evaluative methods, or other aspects of its operation during the past twelve months or since the last approval. All materials below must be submitted with the affidavit.

5/23/13

ATTACHMENTS:

1. Descriptions of the programs/courses offered by the school.
2. A statement of ownership or control of the school.
3. A description of the methods used to evaluate student work.
4. A schedule of tuition and fees.
5. Copies of all application forms and enrollment agreements used by the school.

CERTIFICATION

I certify that the information contained in this affidavit and its attachments is true and correct to the best of my knowledge and that the school conforms to the provisions of Regulations Governing the Approval of Correspondence Courses for Home Instruction adopted by the Virginia Board of Education. If changes occur in the operation or ownership of the school, I further certify that I will notify the Virginia Department of Education prior to or immediately following such changes.

I understand that providing false or misleading information or failing to notify the Department of changes as they occur may result in the removal of the school from the list of approved courses as provided for in the above referenced regulations.

Signature of Authorized Official

Date

Printed Name

Title (please print or type)

NOTARY STATEMENT

Sworn to and subscribed before me this _____ day of _____, 201__

My commission expires _____

Notary Public

This form with appropriate attachments must be returned to:

Janet Ragland
Virginia Department of Education
P. O. Box 2120
Richmond, VA 23218