APPLICATION FOR INITIAL APPROVAL FOR A NEW PRIVATE CAREER SCHOOL

Please complete the Application for Initial Approval to operate a new private career school in accordance with NJAC 12: 41 et seq.

Date: _____

I. SCHOOL DATA

Name of School: _____

Street Address: _____County: _____

City: _____State: _____Zip Code: _____

Telephone Number: ( )_____Fax Number: ( )_____

Federal I.D. Number: _____e-mail Address: _____

Web Page Address: _____

II. OWNER DATA* For Emergency Use Only

Name of Owner(s): _____

Home Address: _____

_____

Home Telephone Number: ( )_____ Other Telephone Number: ( )_____

If there is more than one owner, please attach an additional sheet with information for each owner.

III. CORPORATE DATA

Name of Corporation: _____

Address of Corporation: _____

City: _____State: _____Zip Code: _____

Telephone Number: ( )_____Fax Number: ( )_____

IV. SCHOOL DIRECTOR DATA

Name of School Director: _____

Home Address: _____

Telephone Number: ( )_____ e-mail Address: _____

Fax Number: ( )_____

Name(s) of co-director(s) in charge of the school in the absence of the director_____

_____