



APPLICATION FOR ALTERNATIVE HIGH SCHOOL APPROVAL

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION

SCHOOL APPROVAL AND OPPORTUNITY

SFN 50090 (1-2023)

Name of School District

The above-name school district is requesting approval of an Alternative High School (NDAC 67-16-01) based on the program description.

I. Administrative

Name of the Alternative High School

Mailing Address

City

State

ZIP Code

Optional:

Name of the school district(s) which have entered into cooperative agreements and will be providing authorization to students in their district to participate in this Alternative High School.

Name of District

Mailing Address

City

State

ZIP Code

Name of District

Mailing Address

City

State

ZIP Code

Name of District

Mailing Address

City

State

ZIP Code

Name of District

Mailing Address

City

State

ZIP Code

II. Program Description

Provide a description and explanation of the alternative program: (Use separate sheets as attachments)

- A. Identify the setting, location, and alternative high school schedule that will be available to students.
- B. Provide information on the staffing of the alternative high school.
- C. Describe the delivery model and instructional supports that will be offered.
- D. Describe in detail what makes the alternative high school different from the traditional high school model.

III. Certification

The school district certifies that the alternative high school will be conducted in compliance with the provisions of NDAC 67-16-01.

All students enrolled in the alternative high school must be from the ages of sixteen to twenty-one to be reported for foundation aid payment. Upon Approval, Average Daily Membership should be changed to reflect the enrollment of students in the alternative high school. A Licensed Personal Record (MIS03) will be submitted for all teachers.

Name of School Board President

Signature of School Board President

Date

Name of School Administrator

Signature of School Administrator

Date

For Department of Public Instruction Use Only

Name and Title of Approver

Signature of Approver

Date Approved