



# APPLICATION FOR ALTERNATIVE EDUCATION PROGRAM APPROVAL

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
SCHOOL APPROVAL AND OPPORTUNITY  
SFN 50090 (07-2017)

RETURN TO:  
Department of Public Instruction  
School Approval and Opportunity  
600 E Boulevard Avenue, Dept. 201  
Bismarck, ND 58505-0440  
Fax: (701) 328-0203

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

## I. Administrative

High School providing the alternative high school program
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Mailing Address	City	State	ZIP Code
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Name of the school district which have entered into cooperative agreements and will be providing authorization to students in their district to participate in this Alternative Education Program

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 an attachment)

- A. Identify the setting and/or location
- B. Highly Qualified. Are teachers contracted to teach only in the alternative instruction or do they also teach in regular education? Full-time or Part-time?
- C. Describe the method of teaching
- D. Describe school day and the time of day courses will be offered
- E. Identify course names and descriptions
- F. Provide other pertinent descriptions of explanations of the program you wish to submit

## III. Certification

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

All students enrolled in the alternative education program have been dropped from membership in the regular school program in grades 9 through 12. Average Daily Membership has been changed to reflect alternative education program. A licensed Personal Record (MISO3) 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
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