

CHANGE OF LOCATION CHECKLIST

It is REQUIRED that the following items be submitted to the appropriate office as outlined below to meet your request:

- Completed Chartered Nonpublic School Change of Location Form (attachment to be sent to the Department)
- Explanation of change on NEW School Letterhead (Send to Ohio Shared Services and the Department)
- New W-9 form (Send to Ohio Shared Services)
- Vendor Information Form (OBM 5657) (Send to Ohio Shared Services)

An onsite visit by the Ohio Department of Education & Workforce will be conducted if you are changing location. Please contact your accrediting association or the Department to schedule the visit and provided provide specific evidence for the items listed below:

- A fire inspection report dated within the last twelve months
- An environmental health inspection report dated within the last twelve months
- Certificate of occupancy – Must include “E” designation for Educational use.

REMEMBER

Please send the completed Chartered Nonpublic School Change of Ownership Form to your association whose standards are DEW-Approved or directly to the Department at the address below (Ohio Shared Services documents should not be forwarded to the Department).

Please send documentation to the Department via email or by mail to:

chartered.nonpublic.schools@education.ohio.gov

or

Ohio Department of Education & Workforce
Office of Nonpublic Educational Options
25 S. Front Street, MS 309
Columbus, Ohio 43215-4183

CHANGE OF LOCATION FORM

Notify either your association whose standards have been approved by the Ohio Department of Education & Workforce (DEW) or the Office of Nonpublic Educational Options of your intent to change the location of your Chartered Nonpublic School.

CURRENT CHARTERED NONPUBLIC SCHOOL INFORMATION

School Name _____ IRN # _____

Effective Date of School Location Change _____

School Address _____

City _____ State _____ Zip _____

County _____ E-Mail Address _____

Phone Number _____

Principal's First and Last Name (Print) _____

Principal's Signature _____ Principal's Educator License # _____

Date of Signature _____ Phone _____

Grades Served _____

Name of Public School District in which **CURRENT** school building is located

NEW LOCATION INFORMATION

School Address _____

City _____ State _____ Zip _____

Name of public school district where **NEW** school building is located. Note that if the new location is in a different district, a new IRN will be issued.
