# NMstateseal-web

New Mexico

Public Education Department

**REVISED: 09.10.2024**

|  |
| --- |
| **APPLICATION for establishing, REORGANIZING or closing schools** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [**Rule 6.29.1.9(G) NMAC**](https://nmonesource.com/nmos/nmac/en/item/18063/index.do#!fragment/zoupio-_Toc153987141/BQCwhgziBcwMYgK4DsDWszIQewE4BUBTADwBdoAvbRABwEtsBaAfX2zgEYBWAZgE4AHAHYOAFg4BKADTJspQhACKiQrgCe0AOSapEQmFwJlqjdt37DIAMp5SAIQ0AlAKIAZZwDUAggDkAws5SpGAARtCk7BISQA)requires any change in a public school’s organizational pattern, including the opening or closing of schools, to have the Secretary’s approval prior to implementation, and to be requested using this form. | | | | | |
| **Instructions:** Please complete this form electronically and email it in Word document format, from the Office of the Superintendent or designee to: [Waivers.PED@ped.nm.gov](mailto:Waivers.PED@ped.nm.gov) **Note:** The respond boxes automatically expand as text is added. | | | | | |
| Date: | School District or Charter School: | | | | |
| Superintendent or Head Administrator: | | | | | |
| Mailing Address: | | | | State: NM | Zip Code: |
| Phone: | | Fax: | Email: | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Secondary Contact: | | Title: | | | |
| Mailing Address: | | | | State: NM | Zip Code: |
| Phone: | Fax: | | Email: | | |

|  |  |  |
| --- | --- | --- |
| Is this a request for a closure?  Yes  No If yes, then provide complete the school name and address below. | | |
| School Name and Address: | State: NM | Zip Code: |
| **Pursuant to Section 22-5-4.8 NMSA 1978, is this a request to establish a vocational school?**  Yes  No | | |

|  |
| --- |
| **Rationale for Request:** Please explain how the requested action will help bring improvements to the school district or charter school. Please describe the criteria used to determine that this request would be in the best interests of the school district or charter school. Please attach supporting documentation. |
|  |

|  |
| --- |
| **BUDGET: Operations Impact.** Please explain the anticipated short-term and long-term impacts on operations and operational fund expenditures. Please attach supporting documentation. |
|  |

|  |
| --- |
| **BUDGET: Facilities and Capital Impact.** What impact will your request have on current facilities, existing capital expenditures, and anticipated future facility and capital needs? Please describe the sources of revenue that will cover any increases in facility and capital needs. Please attach supporting documentation. |
|  |

|  |
| --- |
| **BUDGET: Transportation Impact.** Identifyany possible transportation impact your request could have on school bus transportation, such as funding, bus routes, bus drivers, bus contracts, etc.Please attach supporting documentation. |
|  |

|  |
| --- |
| **BUDGET: Information Technology Impact.** Please identifythe information technology impacts of your request, including school site equipment needs and mandatory NM PED reporting requirements. Please attach supporting documentation |
|  |

|  |
| --- |
| **BUDGET: Staffing.** Please identifyall staffing impacts of your request. Please include information describing the re-assignment of teachers/staff and how they will be notified. Please attach supporting documentation. |
|  |

|  |
| --- |
| **PROGRAMMATIC: Curricular Components.** Please identifyall programmatic impacts of your request. Please describe curricular components that will be impacted by closure or identified and leveraged in establishing a new school. Please attach supporting documentation. |
|  |

|  |
| --- |
| **PROGRAMMATIC: Instructional Impacts.** Please identifyall programmatic impacts of your request. Please describe how instructional practice will be impacted by closure or designed to meet the needs of a newly established school. Please attach supporting documentation. |
|  |

|  |
| --- |
| **PROGRAMMATIC: Culturally and Linguistically Responsive Framework.** Please identifyall programmatic impacts of your request. Please describe how a cultural and linguistically responsive framework is taken into consideration for either closure or establishment of a new school. Please attach supporting documentation. |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Enrollment Figures—Proposed School to be Closed** | | | | | | | | | | | | | | |
|  | **School to be Closed**  **Name: Code:** | | | | | | | | | | | | | |
|  | **Counts of Student, by Grade** | | | | | | | | | | | | | |
| **School Year** | **Pre-K** | **K** | **1st** | **2nd** | **3rd** | **4th** | **5th** | **6th** | **7th** | **8th** | **9th** | **10th** | **11th** | **12th** |
| 4 Years Prior |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 Years Prior |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 Years Prior |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 Year Prior |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Current Year |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 Year Forward (if applicable) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Anticipated Student Enrollment Figures—School that will Receive Students from School to be Closed** | | | | | | | | | | | | | | |
|  | **School that will Receive Students from School to be Closed**  **Name: Code:** | | | | | | | | | | | | | |
|  | **Counts of Student, by Grade** | | | | | | | | | | | | | |
| **School Year** | **Pre-K** | **K** | **1st** | **2nd** | **3rd** | **4th** | **5th** | **6th** | **7th** | **8th** | **9th** | **10th** | **11th** | **12th** |
| 2 Years Prior |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 Year Prior |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Current Year |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 Year Forward |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 Years Forward |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 Years Forward |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Anticipated Student Enrollment Figures—New School** | | | | | | | | | | | | | | |
|  | **New School**  **Name: Code:** | | | | | | | | | | | | | |
|  | **Counts of Student, by Grade** | | | | | | | | | | | | | |
| **School Year** | **Pre-K** | **K** | **1st** | **2nd** | **3rd** | **4th** | **5th** | **6th** | **7th** | **8th** | **9th** | **10th** | **11th** | **12th** |
| Year 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Year 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Year 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Year 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Year 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Timeline: Describe** fully the timeline for the proposed reorganization. Please describe whether the reorganization will be phased in over time or happen all at once. Please attach supporting documentation. |
|  |

|  |  |  |
| --- | --- | --- |
| **In accordance with the Indian Education Act, Sections 22-23A-1 through 22-23A-8 NMSA 1978** | | |
| Is the school to be affected on tribal lands? | Yes | No |
| Does the school to be affected serve a Native American community or substantial population of Native American students? | Yes | No |
| Are tribal lands located within the boundaries of your school district/charter school? | Yes | No |
| If yes to any of the questions above, has the board/governing body involved the tribal governing body or tribal education department in the final decision regarding this application? | Yes | No |

|  |  |
| --- | --- |
| **Approval by Local School Board or Charter School Governing Body:** | |
| Date of Board/Governing Body Approval: | Attach copies of the (1) board resolution signed by the board/governing body, (2) agendas and board/governing body meeting minutes showing discussion of and vote on the proposed reorganization, OR (3) other evidence the board/governing body considered, and voted to approve, the proposed reorganization. |
| Public Notice and Participation | Attach copies of public comment sign-in sheets from ALL board or governing body meetings at which the new school site, closure, or reorganization was discussed by the board or governing body, administrative staff, and the public. |
| Local Policies: | Attach all relevant policies that govern this action. |

|  |  |  |
| --- | --- | --- |
| **Community Engagement and Communication:** | |  |
| Other meetings held with opportunity for public comment.  Please attach sign-in sheets and notices given. | Date(s) of Meeting(s): | Comments (optional): |
| Staff meetings held at schools that will be affected.  Please include a brief description of opportunities for staff to offer input on the proposed reorganization. | Date(s) of Meeting(s): | Comments (optional): |
| Notification to State, Federal, and private grantors, if required.  Please attach copies of communication. | Date(s) of Notification(s): | Comments (optional): |
| Notification of school closure to parents/legal guardians.  Please attach copy of communication. | Date(s) of Notification(s): | Comments (optional): |
| Notification of potential student reassignment:  Please attach copy of communication. | Date(s) of Notification(s): | Comments (optional): |

|  |  |
| --- | --- |
| **Implementation:** | |
| Student reassignment planning. Please explain and attach relevant documentation. | Comments (optional): |
| Capacity calculation for receiving school(s). Please explain and attach relevant calculations. | Comments (optional): |
| Notification sent to affected students. Please attach documentation. | Comments (optional): |
| Redrawing attendance boundaries. Please attach district planning. | Comments (optional): |
| Enrollment projections. Please explain and attach documentation. | Comments (optional): |
| Re-assignment of teachers and staff. Please explain and attach documentation. | Comments (optional): |
| Re-assignment of students. Please explain and attach documentation. | Comments (optional): |
| Repurposing facility planning. Please explain (if applicable) and attach relevant documentation. | Comments (optional): |
| Moving student records. Please explain and attach documentation. | Comments (optional): |

|  |  |
| --- | --- |
| **FOR PED INTERNAL ONLY** | |
| Analysis by School Budget and Financial Analysis Bureau: | Date: |
|  | |
| Analysis by Capital Outlay Bureau: | Date: |
|  | |
| Analysis by Transportation Bureau: | Date: |
|  | |
| Analysis by Research, Evaluation, and Accountability Bureau: | Date: |
|  | |
| Analysis by Information Technology: | Date: |
|  | |
| Analysis by Office of General Counsel: | Date: |
|  | |

|  |  |
| --- | --- |
| **FOR PED INTERNAL ONLY** | |
| Reviewed by: | Date: |
| **Rationale for Approval:** | |
| Concur with staff recommendations for approval.  Mariana D. Padilla  Secretary Designate of Public Education | Date: |
| **Rationale for Non-Approval:** | |
| Concur with staff recommendations for non-approval.  Mariana D. Padilla  Secretary Designate of Public Education | Date: |
| Date Returned to Superintendent: | |
| New school code if applicable: | |

**REVISED: 9.10.2024**