

**Bureau of Proprietary School Supervision  
Room 962 Education Building Addition  
Albany, New York 12234**

## Checklist for Completing School Move

|                         |      |
|-------------------------|------|
| School Name:            |      |
| SED Code(s):            |      |
| New School Address:     |      |
| Bureau Use Reviewed by: | Date |

This checklist must be submitted, **in duplicate**, with **two (2) copies** of all required documents as indicated below for approval of the new location. Failure to submit this checklist may delay the processing of your submission. Please indicate that the items below are included with this submission by placing an “X” in the designated column.

|    | “X” | SCHOOL USE  | BUREAU USE |    |
|----|-----|---|------------|----|
| 1. |     | Application for Approval of Quarters, BPSS-6  | Yes        | No |
| 2. |     | Certificate of Occupancy  | Yes        | No |
| 3. |     | Proof of Fire Department approval   | Yes        | No |
| 4. |     | Approval from local Health Department (if required)   | Yes        | No |
| 5. |     | Listing of active personnel (directors, instructors, agents) including license/certificate numbers. Include and label two (2) passport-size photos of each agent. | Yes        | No |
| 6. |     | Administrative Forms (school catalog and enrollment agreements and any other forms containing school address)   | Yes        | No |

\_\_\_\_\_  
Signature of School Director/Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of School Director/Owner

\_\_\_\_\_  
Date