

**MINISTRY OF EDUCATION  
APPLICATION FOR A LICENSE TO OPERATE A SCHOOL AND/OR A  
EDUCATIONAL INSTITUTION  
ED. RULES 11 & 13 S.I. \_\_\_\_\_ OF 2000**

Application form must be filled out in **DUPLICATE** and submitted to the Chief Education Officer no later than twelve (12) months prior to the proposed opening of the school/institution. Completed application form **MUST** be accompanied by school site map, building plan(s), financial statements and other relevant documents.

*Procedure:*

1. *Submission of completed application form.*
2. *Ministry of Education to determine viability of plans submitted.*
3. *(a) Chief Education Officer grants approval for applicant to proceed according to plans(s) submitted. OR  
(b) Chief Education Officer withholds approval, notifies applicant of deficiencies and invites applicant to rectify same vide R14 (2). OR  
(c) Chief Education Officer refuses to grant approval, providing a written explanation to the applicant.*
4. *Applicant proceeds with implementation of approved plans.*
5. *Chief Education Officer grants license subject to verification of implementation of approved plans.*

<b>A. PROPRIETOR'S NAME &amp; ADDRESS</b>			
1. Name			
2. No. & Street			
3. Name of Village, Town or City where located			
4. Name of District			
5. P.O Box No. (if any)			
6. Phone (or community phone if applicable)			
7. Fax (if any)			
8. e-mail (if any)			
9. Level/type of school institution to be opened (Please ✓ box/es which apply/ies.)	Pre-Primary	<input type="checkbox"/>	
	Primary	<input type="checkbox"/>	
	Secondary	<input type="checkbox"/>	
	Vocational Training	<input type="checkbox"/>	
10. Proposed Date of Opening			
	Day	Month	Year
<b>B. SCHOOL NAME (IF ANY) &amp; ADDRESS</b>			
11. Name (if any)			
12. No. & Street			
13. Name of Village, Town or City where located			
14. Name of District			
15. P.O. Box No. (if any)			
16. Phone (or community phone if applicable)			
17. Fax (if any)			
18. e-mail (if any)			

<b><i>For Official Use Only</i></b> <b><u>Verification of Data</u></b>		<b>C. LOCAL ENVIRONMENT (Attach a Site Map)</b>				
		Answer each of the following by placing a tick (✓) in the appropriate box.				
<i>Agree</i>	<i>Disagree</i>	19. Is the school within:			Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	(a) _____ ft of a high voltage line?			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	(b) _____ ft of a main road or highway?			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	(c) _____ ft of a bar or club?			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	(d) _____ ft of a gas station			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	(e) _____ yds. of a industrial or agricultural complex?			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	(f) _____ m of a waste disposal site?			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	(g) 3 miles of the sea, a river or lagoon?			<input type="checkbox"/>	<input type="checkbox"/>
		If 'Yes' please specify:				
		<b>D. DESCRIPTION OF PHYSICAL FACILITIES</b> <b>(Attach a copy of building plan(s) and Site Map of Intended School Grounds.)</b>				
		20. Buildings and Accommodation Units: Provide description as per the table below (Type = wood, ferroconcrete, thatch, prefab, combination)				
<i>Agree</i>	<i>Disagree</i>	<b>Building No.</b>	<b>Proposed (P) or Existing (E)</b>	<b>Type</b>	<b>Floor Space (sq. ft)</b>	<b>Dimensions (ft)</b>
<input type="checkbox"/>	<input type="checkbox"/>	1				
<input type="checkbox"/>	<input type="checkbox"/>	2				
<input type="checkbox"/>	<input type="checkbox"/>	3				
		ACCOMODATION UNITS		NO.	FLOOR SPACE (sq. ft)	DIMENSIONS (ft)
<input type="checkbox"/>	<input type="checkbox"/>	Offices	Administrative			
<input type="checkbox"/>	<input type="checkbox"/>		Staff Room			
<input type="checkbox"/>	<input type="checkbox"/>		Counselling			
<input type="checkbox"/>	<input type="checkbox"/>	Classrooms				
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					

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<b><i>For Official Use Only</i></b>		ACCOMODATION UNITS	No.	FLOOR SPACE (sq. ft.)	DIMENSIONS (ft.)
<b><i>Verification of Data</i></b>					
Agree	<b><i>Disagree</i></b>				
<input type="checkbox"/>	<input type="checkbox"/>	WORKSHOP(S)			
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	LABORATORY (IES)			
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	GYMNASIUM / AUDITORIUM			
<input type="checkbox"/>	<input type="checkbox"/>	LIBRARY(IES)			
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	LAVATORIES			
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	STOREROOM(S)			
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	CAFETERIA/CANTEEN			
<input type="checkbox"/>	<input type="checkbox"/>	<b>TOTAL</b>			

For Official Use Only <u>Verification of Data</u> Agree      Disagree  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>E. GROUNDS</b> Answer the following questions.			
	21. Applicant <input type="checkbox"/> owns <input type="checkbox"/> leases <input type="checkbox"/> intends to    the grounds. <span style="float: right;">acquire</span>			
	Total Area of Grounds		Dimensions of Grounds	
	ORGANISATION OF GROUNDS		No.	Area
	Recreational Areas	Playing Pitch		
		Multipurpose Court		
		Playground		
	Parking Area			
	Agricultural Plot			
	<b>F. UTILITIES</b> Answer each of the following by placing a tick (✓) in the appropriate box.			
Agree      Disagree  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	22. Water supply is:		Treated	Untreated
	River		<input type="checkbox"/>	<input type="checkbox"/>
	Well		<input type="checkbox"/>	<input type="checkbox"/>
	Water Reservoir		<input type="checkbox"/>	<input type="checkbox"/>
	Public Water Supply		<input type="checkbox"/>	<input type="checkbox"/>
	Other (specify)		<input type="checkbox"/>	<input type="checkbox"/>
	23. Electricity is from:			
	Public supply		<input type="checkbox"/>	
	Private Generator		<input type="checkbox"/>	
	Other (specify)		<input type="checkbox"/>	

<b>G. PROJECTED ENROLLMENT</b>			
Grade	No. of Students		Year of Enrolment
	Male	Female	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
TOTAL			

<b>H. MANAGEMENT &amp; STAFFING</b>	
Answer each of the following by placing a tick (✓) in the appropriate box.	
24. Category of Proprietorship is:	
Denominational (specify)	<input type="checkbox"/>
Community	<input type="checkbox"/>
Private	<input type="checkbox"/>
Ministry of Education	<input type="checkbox"/>
25. Category of Managing Authority is:	
Single Manager	<input type="checkbox"/>
Board of Management	<input type="checkbox"/>
School Committee	<input type="checkbox"/>
Independent Agency/Organisation	<input type="checkbox"/>

26. Number and Categories of Professional Staff to be employed:	
Number of teachers who will be required:	
Number of teachers who will possess:	
Full Licence	<input type="checkbox"/>
Provisional Licence	<input type="checkbox"/>
Special Licence	<input type="checkbox"/>
27. Number and Type of Ancillary Staff to be employed:	
Type	Number
<input type="checkbox"/> Secretary	
<input type="checkbox"/> Janitor/Caretaker	
<input type="checkbox"/> Bursar/Accounts Clerk	
<input type="checkbox"/> Office Assistant/Janitor	
<input type="checkbox"/> Cook/Food Handler/Cafeteria Staff	
<input type="checkbox"/> Cleaner/Charwoman	
<input type="checkbox"/> Watchman/Security Guard	

I. FINANCES: INCOME AND EXPENDITURE			
28. Recurrent Account (\$BZ)			
Recurrent Income	Year 1 Projection	Year 2 Projection	Year 3 Projection
Fees			
Grants			
Fundraising			
Other			
Total			
Recurrent <b>Expenditure</b>	<b>Year 1 Projection</b>	<b>Year 2 Projection</b>	<b>Year 3 Projection</b>
Personal Emoluments			
Operating Expenses			
Maintenance			
Other			
Total			

29. Capital Expenditure (\$BZ): indicate sources of capital next to figures below ( <b>G</b> = Grant, <b>L</b> = Loan, <b>O</b> = Other—specify)			
	Year 1 Projection	Year 2 Projection	Year 3 Projection
Buildings			
Grounds			
Equipment			
Furniture			
Total			
<b>J. OTHER RELEVANT DETAILS</b>			
30. Please attach the following:			
(a) School's Mission Statement			
(b) School's Goals			
(c) School's Programme of Studies			
(d) School's Academic Requirements			
(e) School Rules, Duties of Staff and other related requirements as determined by the Managing Authority and not already prescribed in the ED. Rules 2000.			
31. In the space below, provide justification for the establishment of the school/institution			
32. Provide name, occupation and address of two (2) independent recommenders.			
Name			
Occupation			
Address			
Name			
Occupation			
Address			
33. I confirm that all the information provided in this application is correct and that I promise to comply with all the Education Rules and Regulations in accordance with the Education Act 1991 and its amendments.			
Signature		Day	Month
		Year	

<b>Chief Education Officer</b>	<b>For Office Use</b>			
	Approval to proceed granted:	<input type="checkbox"/>		
	Temporary School Number:			
	Approval to proceed with-held pending rectification of the following:	<input type="checkbox"/>		
	Approval of plans refused:	<input type="checkbox"/>		
	Reasons:			
Signature	Day	Month	Year	
Licence to Operate a School/Institution:				
<input type="checkbox"/> Granted <input type="checkbox"/> Refused				
Signature	Day	Month	Year	