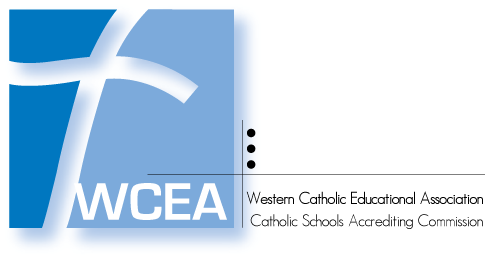
****Substantive Change

Visit Request

|  |  |  |
| --- | --- | --- |
| Click here |  | Click/Tap here |
| School Code |  | Name of School |

|  |
| --- |
| Click/tap here |
| Location |

|  |  |  |
| --- | --- | --- |
| Click/tap here |  | Click/tap here |
| Contact Person |  | Arch/Diocese |

|  |  |  |
| --- | --- | --- |
| Click/tap here |  | Click/tap here |
| Phone |  | E-mail |

Describe the nature of the change

Click/tap here

Explain the reason for the change

Click/tap here

Summarize the effect the change had on the educational program and school operation

Click/tap here

Commissioner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval

WCEA Executive Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Upon approval, the Procedures for the Substantive Change are to be followed as listed in the Commissioner Manual.*