

LEAGUE OF CHRISTIAN SCHOOLS

Change of Status Form



SCHOOL/CENTER INFORMATION									
School/Center Name:			School/Center Number:						
School/Center Address:									
Date of Status Change:	Date of Notification:								
Report Prepared by:	Title of Reporter:								
CHANGE OF STATUS (CHECK ALL THAT APPLY)	NEW INFORMATION								
<input type="checkbox"/> Change of Ownership/Church Affiliation									
<input type="checkbox"/> New Minister/Pastor (Must sign below)									
<input type="checkbox"/> New Director/Admin (Must sign below)									
<input type="checkbox"/> New Assistant Director (Must sign below)									
<input type="checkbox"/> Change of Capacity									
<input type="checkbox"/> Relocated									
<input type="checkbox"/> Closed									
<input type="checkbox"/> Substantive Change									
<input type="checkbox"/> Other: _____									
Additional Relevant Data:									
ADMINISTRATIVE ACTION									
<input type="checkbox"/> Approve Changes	Board Action Required?: <input type="checkbox"/> Yes <input type="checkbox"/> No								
<input type="checkbox"/> Approved with the following conditions:									
<input type="checkbox"/> Changed denied based upon the following (to be denied the change must directly violate ILCS/FLOCS policy, or state rules)									
<input type="checkbox"/> Remove Religious Exemption									
<input type="checkbox"/> Notify Department of Children and Families	Date:								
District/Circuit #: _____	NOTE: http://www.dcf.state.fl.us/regions/								
<input type="checkbox"/> Other Action (Explain): _____									
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black; width: 60%;"></td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; width: 20%; text-align: center;">TITLE</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; width: 20%; text-align: center;">DATE</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">PASTOR, DIRECTOR, ASSISTANT DIRECTOR, OR OTHER</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">TITLE</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">DATE</td> </tr> </table>					TITLE	DATE	PASTOR, DIRECTOR, ASSISTANT DIRECTOR, OR OTHER	TITLE	DATE
	TITLE	DATE							
PASTOR, DIRECTOR, ASSISTANT DIRECTOR, OR OTHER	TITLE	DATE							

Mail, or Fax this form to:

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