

Legal Name of Nonpublic School OR Name of Home School Parent

SM-4325 Rev. 8/17 AUTHORITY: Act 302, PA 921 COMPLETION: REQUIRED.

MICHIGAN DEPARTMENT OF EDUCATION Nonpublic/Home School Office P.O. Box 30008, Lansing, MI 48909 FAX: 517-241-0496

Direct questions to: 517-241-5385 or nonpublicschools@michigan.gov

2023-	_	SCHO ORT	EMBERSI	-	Address of School											
1. TOTAL MEMBERSHIP BY GRADES Of the students reported, how many qualify as Special Ed students? Of the qualified Special Education students, how many receive Special Ed Services? Of the students in grades 1-12, how many are in attendance part-time?									City and Zip code							
									Email Address							
GRADE:	Pre-K	К	1	2	3	4	5	6	7	8	9	10	11	12	TOTAL	
STUDENT COUNT:**	in non-gra	ded progra	ams, conside	er their grade	to be the	number of years	s in school be	eyond Kinde	garten.							
2. TEACH Does your so to teacher co sincerely hel (If you state certification Court decisio complete the qualifications with the crim	etion pon a empt from on the Micl nge and do egarding te npublic sche	YES the teacher higan Supre not need to eacher ools must co	eme	COMPLETE: TOTAL NUMBER OF TEACHERS: Total teachers with a Michigan Teaching Certificate: Total teachers with a Michigan Teacher Permit: Teachers WITHOUT Michigan Certificates or Permits Total with a Bachelor's Degree: Total with less than a Bachelor's Degree:					his sch cor mi:	CRIMINAL HISTORY CHECKS Required for Nonpublic Schools Only (Not home schools) The nonpublic school complies with the criminal history check requirements and ensures that the school will not employ a person wo has been convicted of any felony or of a "listed offense" misdemeanor. (MCL 380.1230-380.1230h, MCL 380.1535a and MCL 380.1539b) YES NO						
3. COURSE OF STUDY Circle the following areas where instruction is given:																
GRADES I	-12	(a)	Englis	h, reading		GRADES	s	(e)	The Constitution of the State of Michigan							
		(b)	Mathe	ematics		10, 11, 1	_	(f)								
		(c)	Social	Studies		10/11/1	<u>L OIILI</u>	(g)								
		(d)	Scienc	се												
By signing, I	certify t	he infor	mation o	n this forn	n is true.	<u>AUTI</u>	HORIZED S	SCHOOL A	<u>DMINISTRAT</u>	OR OR HO	ME SCHO	<u>OL PAREN</u>	<u>T</u>			
Date	Phone					Signat	Signature Type					e or Print Name				