



**HSI/NAD Academy Partnership
Annual School Application
School Year**

School Name

Date of Application

School Address

Phone Number

Fax Number

Contact person

Date of expected program start

Number of students 11 12

Current Number of Students 9 10

Courses to be taught by HSI

Course Name

Grade level

Number of students

Courses taught on campus

| Course | Grade Level | Teacher | Min/wk | Credit | Cert.* | Secondary Endorsements |
|--------|-------------|---------|--------|--------|--------|------------------------|
|--------|-------------|---------|--------|--------|--------|------------------------|

Attach certification records and resumes for all staff teaching on campus classes.

** P-Professional S-Standard C- Conditional*