

## Arkansas Department of Education LEA Number Assignment/Change Form

**Important: All LEA change requests must be submitted by August 1<sup>st</sup> prior to the beginning of the school year for which the request is made. In order to be processed, forms must be filled out completely, correctly and include the superintendent's signature.**

District Name: \_\_\_\_\_ District LEA # \_\_\_\_\_

**Request is for:**     Change School/Building Description         Inactivation of LEA Number

Current School Building Name: \_\_\_\_\_ LEA# \_\_\_\_\_

CURRENT SCHOOL	GRADE LOW	GRADE HIGH
a. Elementary	_____	_____
b. Middle	_____	_____
c. High	_____	_____

**Request is for:**         Assignment of New LEA

Name of New/Changed School/Building: \_\_\_\_\_

NEW/CHANGED SCHOOL	GRADE LOW	GRADE HIGH
a. Elementary	_____	_____
b. Middle	_____	_____
c. High	_____	_____

If request is for a new or inactivated school/building, will grade spans change for other schools/buildings in the district?  
If so, please specify what schools and grade spans will be changed:

\_\_\_\_\_

\_\_\_\_\_

If requesting assignment of a NEW building, please indicate the physical address of the building below:

\_\_\_\_\_

\_\_\_\_\_

Is this a Charter School?        If yes,        Is this an Alternative School?  
 Yes    No         Conversion    Open Enrollment         Yes    No

Please state briefly the reason(s) for the assignment/change/inactivation. Attach additional sheet(s), if necessary.

\_\_\_\_\_

\_\_\_\_\_

Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**ADE office use only:**

Approved                       Not Approved                       More Information Needed

LEA Number Assigned \_\_\_\_\_ Effective Date \_\_\_\_\_

Comments \_\_\_\_\_

Please return to: Carmen Jordan  
APSCN, 101 E. Capitol, Suite 101  
Little Rock, AR 72201

Tel: (501) 682-4887  
Fax: (501) 682-5035