



Instructional Facility Information

PL 1269 (2017-11)

Address: _____

Name of School: _____

Type of Instruction: _____

Contact Person: _____

Telephone: _____ **Fax:** _____ **Email:** _____

Day	Hours of Operation (include am/pm)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Enrolment	Amount
Total student enrolment	
Maximum number of students at any given time	
Staff (number)	
Do you intend to allow drop-in students? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Briefly describe operation:

Applicant's Signature

Date (YYYY-MM-DD)

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