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**COOPERATIVE INNOVATIVE HIGH SCHOOL UPDATE FORM**

***CIHS CONTACT INFORMATION***

Cooperative Innovative High School (CIHS) Name: PERSON SUBMITTING FORM

CIHS School Number:Name:

Location and Physical Address: Email:

Local Education Agency (LEA) Name:  Role:

Institute of Higher Education Partner Name:

***CIHS UPDATES***

|  |  |  |  |
| --- | --- | --- | --- |
| Indicate any changes to any of the following: | **CURRENT** | **NEW OR PROPOSED** | **REASON FOR CHANGE** |
| School Name *(requires a process through DPI FBS)* |  |  |  |
| Physical Address *(may require additional reporting)* |  |  |  |
| Mailing Address |  |  |  |
| School Program or Focus |  |  |  |
| Target Student Population |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **PROPOSED DATE** | **REASON FOR REQUEST** |
| Request to Delay Initial School Opening *(only available for up to one year)* |  |  |