

**Application to Re-open/Operate a school within the  
Southern Union Conference**

Conference:

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Name of School applying to re-open and/or operate:

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Address:

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City/State/Zip:

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Telephone:

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Name of Principal:

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Target date for opening/re-opening/operation:

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Has local Conference risk management director been consulted regarding plans to open?

\_\_\_\_ Yes

\_\_\_\_ No

Has local Conference human resource director been consulted regarding employment of personnel?

\_\_\_\_ Yes

\_\_\_\_ No

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Desired grades of students to be served: \_\_\_\_\_

Local church/school board vote (Date): \_\_\_\_\_

Conference Board of Education vote (Date): \_\_\_\_\_

