

## INITIAL LICENSING/RE-LICENSING CRITERIA CHECKLIST

This licensing checklist covers all the criteria for the validation and approval of a private school's license. The Visiting Committee conducting the school's on-site visit for the purpose of validation and approval of the Private School License will determine the disposition of each item on the checklist and check the appropriate column.

The issuance of a license will be based on **all** items on the checklist being determined to be "Approved" or "Waived/Not Applicable." Any item noted as "Incomplete" or "Pending" must be completed and/or corrected within 30 days of the visit, unless a different date is specified by the committee chair, before a license is issued.

Final approval will be recommended by the Visiting Committee to the Hawai'i Council of Private Schools. The Council will take final action, and approve, defer, or deny the license.

### **Please submit each of the following documents listed below:**

- License Fee (see page 11)
- Application for licensure (for new licenses and non-HAIS accredited license renewals)

#### **I. Criterion: Purpose and Philosophy**

- Mission Statement and/or Statement of Philosophy and Goals  
(if stated in any of the handbooks, state which handbook and page # \_\_\_\_)
- Catalog/Brochure
- Student Handbook
- Parent Handbook

#### **II. Criterion: Organization**

- Policy regarding employment participation in criminal history record check program
- Roster of faculty and staff /Qualifications/Degrees
- Organizational chart of operation (attach chart)
- Job descriptions
- Employment policies
- Schedule of instruction



High School \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. \_\_\_\_\_ days

Curriculum (by grade level) (if stated in any of the handbooks, state handbook and page # \_\_\_\_\_)

|                    |               |                |
|--------------------|---------------|----------------|
| _____ Preschool    | _____ Grade 4 | _____ Grade 9  |
| _____ Kindergarten | _____ Grade 5 | _____ Grade 10 |
| _____ Grade 1      | _____ Grade 6 | _____ Grade 11 |
| _____ Grade 2      | _____ Grade 7 | _____ Grade 12 |
| _____ Grade 3      | _____ Grade 8 |                |

School Calendar

#### **VI. Criterion: Financial Base**

Tuition and Fees (if stated in any of the handbooks, state handbook and page # \_\_\_\_\_)

- a. Tuition/Fees
  - b. Student loans/grants/scholarships
  - c. Refund policy
  - d. Other charges (describe) \_\_\_\_\_
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#### Financing of the School

- a. Annual budget report
- b. Statement of projected fiscal operating (budget) for next school year
- c. Balance sheet showing capital assets, reserves and indebtedness

#### Describe sources of funding

- a. Trust/endowments (if stated in any of the handbooks, state handbook and page # \_\_\_\_\_)

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- b. Fundraising (if stated in any of the handbooks, state handbook and page #\_\_\_\_)

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**VII. Criterion: Admissions**

- Enrollment Count: (current school year)

|                    |               |                |
|--------------------|---------------|----------------|
| _____ Preschool    | _____ Grade 4 | _____ Grade 9  |
| _____ Kindergarten | _____ Grade 5 | _____ Grade 10 |
| _____ Grade 1      | _____ Grade 6 | _____ Grade 11 |
| _____ Grade 2      | _____ Grade 7 | _____ Grade 12 |
| _____ Grade 3      | _____ Grade 8 | _____ TOTAL    |

Student Records: (enclose sample forms **without** identifying student information)

- a. Enrollment form or contract
- b. Attendance form
- c. Report card form / format
- e. Transcript form
- f. Diploma or Certificate of Graduation
- g. Application for Admission

**VIII. Criterion: Facilities**

- a. Facilities to support program (describe)

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- b. Maintenance of facilities (describe)

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- c. Capital improvement (describe)

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**IX. Criterion: Safety**

Inspection Reports (enclose most recent reports)

- County Building Department Occupancy Certificate
- Fire Department Fire Safety Inspection Report
- Department of Health Sanitation Inspection Report
- Department of Transportation Safety Inspection Report (if applicable)
- Department of Human Services License Certificate (if applicable)

**Accreditation**

- Is the school seeking accreditation status?      \_\_\_Yes \_\_\_No

Accrediting agency to be used:

\_\_\_\_\_

If yes, year/date of visit: \_\_\_\_\_

\_\_\_\_\_

**I confirm that all applicable items on this checklist are complete.**

**Submitted by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_