Academies of Learning Form

Form F-230-1

School: _____ **Date:** _____

Academy Sponsors: _____

Purpose of the Program

_____
_____
_____
_____

Identification of the Students to be Served

_____
_____
_____
_____

General description of program and location if determined

_____
_____
_____
_____
_____

Expected Outcomes_____
_____
_____
_____

Implementation Plan_____
_____
_____
_____

Preliminary Financial Analysis

_____

_____

_____

_____

Program Support:

Principal: _____

School Planning Council: _____

_____

_____