



Illinois State Board of Education

100 North First Street, E-222
Springfield, Illinois 62777-0001

APPLICATION FOR ETHNIC SCHOOL FOREIGN LANGUAGE PROGRAM APPROVAL

REGULATORY SUPPORT AND WELLNESS DIVISION

NAME OF CHIEF SCHOOL ADMINISTRATOR	TELEPHONE (Daytime) (Include Area Code)
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Evenings) (Include Area Code)
	FAX (Include Area Code)

The governance of _____
School Name

located at _____
Street Address, City, State, Zip Code

_____ hereby applies for foreign language program approval by the Illinois State Board of Education
Telephone Number (Include Area Code)

for instruction in _____ for the _____ - _____ school year.
Name of Foreign Language Course(s)

Complete second page of form.

The applicant assures that:

- it is an ethnic school, defined in the School Code (105 ILCS 5/2-3.44) as a part-time private school which teaches the foreign language of a particular ethnic group as well as the culture, geography, history and other aspects of a particular ethnic group;
- per the requirements of 23 Illinois Administrative Code Part 1.465, each teacher shall possess at least a baccalaureate degree and have completed at least 20 semester hours of credit in the foreign language taught, both of which shall have been awarded by a regionally accredited college or university;
- per the requirements of 23 Illinois Administrative Code Part 1.465, the program shall contain at least 120 clock hours of instruction plus outside preparation for each unit of credit issued upon successful completion of the instruction, although less than a full unit of credit may also be awarded in proportion to the amount of instruction received; and
- documents to verify each item of assurance are available for review upon request by representatives of the Illinois State Board of Education and/or by officials of the local public school district to which students seek to transfer foreign language credit(s). Such documents may include school informational brochures, course syllabi, class schedules, and official teacher transcripts.

The applicant understands that:

- annual application by an ethnic school for approval of its foreign language shall be made on forms provided by the State Board of Education; and
- approval shall be granted on an annual basis, provided that a previously approved ethnic school continues to comply with the minimum standards set forth for such foreign language program approval.

We, the undersigned, attest that the information provided and assured is accurate and true and agree that the Illinois State Board of Education and any public school district to which student credit is to be transferred may, with appropriate notice, visit the foreign language program(s) in operation.

Original Signature of Governing Board Official

Application Date

Original Signature of Chief School Administrator

Print Name of Chief School Administrator

ILLINOIS STATE BOARD OF EDUCATION USE ONLY

This Foreign Language Application is:

- Approved Denied

Date

Original Signature of Authorized Illinois State Board of Education Agent

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LIST PROGRAM CLASSES BELOW

SCHOOL NAME AND ADDRESS (Street, City, Zip Code)	TELEPHONE (Include Area Code)	NAME OF FOREIGN LANGUAGE CLASS(ES)	OPENING DATE OF CLASS(ES)	CLOSING DATE OF CLASS(ES)	DAYS OF WEEK CLASSES ARE HELD	TIME CLASSES ARE HELD