# NOTIFICATION OF NEW COLLABORATIVE PROGRAM

***Please scan and email the completed and signed form to:***

Massachusetts Department of Elementary and Secondary Education

Attention: Kerrie Anastas

Email: diradmin@doe.mass.edu

**Program Effective Date:**

**Collaborative Name: Collaborative Code:**

**Contact Name/Person Completing the Form:**

**Telephone Number: Email address:**

|  |  |
| --- | --- |
| **New Program Name:** | |
| Program Director and/or Lead Staff Name: | |
| Is the Program Director/ Lead Staff certified with the Massachusetts ESE? Yes\_\_\_\_\_ No\_\_\_\_\_ **If yes, license #** | |
| Physical Address: | |
| Mailing Address (If different): | |
| Telephone Number: | Fax Number: |
| Website: | Email Address: |
| Grades Offered (Please list each grade): | |
| Ages Served (If grade is not applicable): | |

Program Director Signature: Date: