New Jersey Department of Education

Initial/ Renewal Application for Multiple Temporary Instructional Spaces
2024-2025 School Year

SUBCHAPTER 8. TEMPORARY SCHOOL FACILITIES
6A:26-8.1 Temporary Facilities Standards
Pursuant to 6A:26-8.1 the Executive County Superintendent shall **Annually** monitor the temporary facilities of school districts for criteria set forth in this code**.**

District/ County : _____Newark_____ _____

Indicate FACILITY or TCU	ADDRESS	# Students/ Teachers/ Aides	Year of Initial Application	Grades Serviced	In Long Range Facility Plan
Abington (1)	209 Abington Avenue	19:1	2001	PK3-8	Yes
Ann Street (6)	30 Ann Street	16:1	2001	K-8	Yes
Hawthorne Avenue (8)	428 Hawthorne Avenue	14:1	2001	PK3-8	Yes
Salomé Ureña (11)	284 First Avenue	10:1	2001	PK3-6	Yes
Ridge Street (8)	735 Ridge Street	13:1	2001	K-8	Yes
Hawkins Street (1)	8 Hawkins Street	15:1	2001	K-8	Yes
Oliver Street (2)	104 Oliver Street	14:1	2001	PK3-6	Yes
Wilson Avenue (1)	19 Wilson Avenue	20:1	2001	K-8	Yes
Lincoln (1)	87 Richelieu Terrace	13:1	2001	PK4-8	Yes
Lafayette Street Annex (**Leased**)	212 Lafayette Street	21:2	2001	K-1	Yes
Ann Street Annex (St. Benedict's) (**Leased**)	55 Komorn Street	15:2	2001	PK-K	Yes
Lafayette Annex (St. James) (**Leased**)	187 Elm Street	15:2	2001	PK	Yes
Newark School of Data Science & Information Technology (BWP School Partners)	746 Sanford Avenue	16:1	2021	9-10	Yes
Newark School of Fashion & Design (OLOGC)	654 Summer Avenue	9:1	2021	9-10	Yes
Ironbound Academy (**Leased**)	366 East Kinney Street	20:1	2022	K-4	Yes
Nelson Mandela Elementary (**Leased**)	275 West Market Street	14:1	2023	PK-3	No
West Side Park Community Center (**Leased**)	600 South 17th Street	20:1	2024	PK-8	

Reason for / Improvements made on site: _____ _____

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_____

The Board of Education approved the renewal temporary application on _____ (Date)

***Attach Copy of Board Resolution ***

Certified by: _____   _____
                        (Superintendent of Schools)   (Date)

                        _____   _____
                        (School Business Administrator)   (Date)

For County Use Only:

Date of inspection by County Office:_____   Inspected by: _____

Approval is granted _____   Approval is not granted _____   Subject to the following conditions: _____

_____

_____   _____
(Executive County Superintendent)   (Date)