

Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS Department of Education		CONTACT PERSON Dr. Paula Vanderford	TELEPHONE NUMBER 601-359-1763	
ADDRESS P.O. Box 771		CITY Jackson	STATE MS	ZIP 39205
EMAIL pavanderford@mdek12.org	SUBMIT DATE 7/22/2021	Name or number of rule(s): 7 Miss Admin Code, Part 163 Mississippi Nonpublic School Accountability Standards, 2020 Withdrawing System Number 25670		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: To revise Miss. Admin. Code: 7-163, Mississippi Nonpublic School Accountability Standards, 2020, specifically Appendices A, B, and C.

Specific legal authority authorizing the promulgation of rule: MS Code Ann § 37-17-6

List all rules repealed, amended, or suspended by the proposed rule: Part 163, MS Nonpublic School Accountability Standards, 2020

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES

____ Original filing
____ Renewal of effectiveness
To be in effect in _____ days
Effective date:
____ Immediately upon filing
____ Other (specify): _____

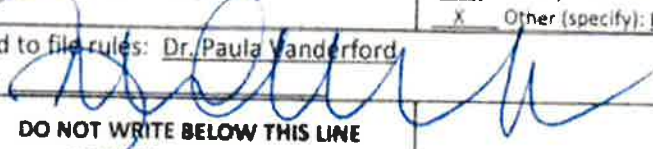
PROPOSED ACTION ON RULES

Action proposed:
____ New rule(s)
____ Amendment to existing rule(s)
____ Repeal of existing rule(s)
____ Adoption by reference
Proposed final effective date:
____ 30 days after filing
____ Other (specify): _____

FINAL ACTION ON RULES

Date Proposed Rule Filed: 6/17/2021
Action taken:
____ Adopted with no changes in text
____ Adopted with changes
____ Adopted by reference
☒ Withdrawn
____ Repeal adopted as proposed
Effective date:
____ 30 days after filing
☒ Other (specify): Immediately

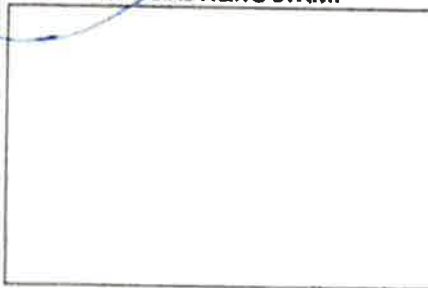
Printed name and Title of person authorized to file rules: Dr. Paula Vanderford

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP



Accepted for filing by

DO NOT WRITE BELOW THIS LINE
OFFICIAL FILING STAMP

Accepted for filing by

OFFICIAL FILING STAMP



Accepted for filing by

25738 Pom

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.