# **Charter Schools Institute logo small.jpg**

### TRANSMITTAL FORM

| School Information | |
| --- | --- |
| Charter School Name: |  |
| Education Corp. Name: |  |
| School District (or NYC CSD) of Location: |  |
| Other districts from which the school is likely to draw students: |  |
| Days of Instruction |  |

| Proposed Grades and Enrollment | | |  | Affiliations (if any) | |
| --- | --- | --- | --- | --- | --- |
| School Year | Grades Served | Total Enrollment |  | Charter Management Company (“CMO”): |  |
| 2016-17 |  |  |  |
| 2017-18 |  |  |  |
| 2018-19 |  |  |  | Partner Organization: |  |
| 2019-20 |  |  |  |
| 2020-21 |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact Information | | | | | | | | | | | |
| Primary School Contact Name: | | | | |  | | | | | | |
| Title: | |  |  |  | | |  | |  | |
| Mailing Address: | | | | |  | | | | | | |
| Primary Phone #: |  | | | | Secondary Phone #: |  | | Email: | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Primary CMO Contact Name: | |  | | | |
| Primary Phone #: |  | Secondary Phone #: |  | Email: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Primary Partner Organization Contact Name: | |  | | | |
| Primary Phone #: |  | Secondary Phone #: |  | Email: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Education Corporation Board Chair Signature | | | | | | |
| *Authenticated Digital Signatures accepted. If a handwritten signature is used, the Institute must receive the transmittal form, bearing an original signature, postmarked no later than August 31, 2015. I hereby certify that the information submitted in this Application for Charter Renewal is true to the best of my knowledge and belief; that the education corporation’s board of trustees has reviewed this application; and, that if awarded a renewal charter, the school shall operate in a manner consistent with the description outlined in the Application for Charter Renewal.* | | | | | | Submit Completed Application to:SUNY Charter Schools Institute41 State St., Suite 700Albany, New York 12207 Phone: (518) 445-4250  Fax: (518) 427-6510  Email: [charters@suny.edu](mailto:charters@suny.edu?subject=Charter%20Schools%20Institute%20email%20address) |
| Signature: |  | | | Date: |  |
| *OFFICIAL USE ONLY:* | Received By: |  | Date: |  | |