# **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 |       |       |  |

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| --- |
| 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: |        |

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| 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 12207Phone: (518) 445-4250Fax: (518) 427-6510Email: charters@suny.edu  |
| Signature: |  | Date: |  |
| *OFFICIAL USE ONLY:* | Received By: |  | Date: |  |