

TRANSMITTAL FORM

Proposed School Information			
Charter School Name:			
Education Corp. Name:			
School District (or NYC CSD) of location: Please list all sites and CSDs (if applicable).			
Other districts from which the school is likely to draw students:			
Days of Instruction:		Does the school currently have a collective bargaining contract:	Yes No

Proposed Grades and Enrollment		
Year in Charter Term	Grades Served	Enrollment
Year 1		
Year 2		
Year 3		
Year 4		
Year 5		

Affiliations (if any)	
Charter Management Company ("CMO"):	
CMO Public Contact Info:	Name: Phone: Email:
Partner Organization:	
Partner Public Contact Info:	Name: Phone: Email:

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

Education Corporation Board Chair Signature

Authenticated Digital Signatures or scanned handwritten signatures accepted.

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

Signature:		Date:	
Official Use Only:	Received By:	Date:	

Board Member Names and Biographical Summaries

Name	Biography (250 word limit)	Position, Committees Please also note if a member is non-voting.
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Total Number of trustees as set per the education corporation by-laws: