

## TRANSMITTAL FORM

### Education Corporation Information

Education Corporation Name: \_\_\_\_\_

### Contact Information

Primary Education Corporation

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary

Phone #: \_\_\_\_\_

Secondary

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### Affiliations (if any)

Charter Management Company ("CMO"):

CMO Public Contact Info:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Partner Organization:

Partner Public Contact Info:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### School Information

*List each school under renewal review in the table below:*



**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: