

## 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	

Propos	sed Grades a	nd Enrollment
	Grades Served	Enrollment
Year 1 Year 2		
Year 3		
Year 4		
Year 5		

## **Contact Information**

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

## 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:	

		Position, Committees
Name	Biography (250 word limit)	Please also note if a member is
		non-voting.

SUNY Charter Schools Institute | SUNY Plaza, 353 Broadway, Albany NY 12246 | (518) 445-4250 | charters@suny.edu

Total Number of trustees as set per the education corporation by-laws:

## Charter Leader History

Directions: Please provide a list of all leaders who have led the charter since its opening, including the timeframe, and any specific grade level/band information for each leader.

First Name	Last Name	Title	School Level	Primary Work Email (only for current school leaders)	Month/Year Start (in specific position)	Month/Year End (in specific position)
John	Doe	School Director	К-4	John.doe@ABCCharter.com	September 2014	Present
Michelle	Smith	School Director	К-З		July 2009	August 2014