

TRANSMITTAL FORM

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			Proposed S	chool Info	rmation	
Charter Schoo	l Name:					
Education Corp. Name:						
School District (or NYC CSD) of location: Please list all sites and CSDs (if applicable).						
Other districts CSDs) from wh school draws s	ich the					
			Contac	ct Informa	tion	
Primary School	Contact Name:					
Title:						
Mailing Address:						
Primary Phone #:			Secondary Phone #:		Emai	l:
			Affili	ations (if	any)	
Charter Manage Company ("CMC						
CMO Public Contact Info:		Name: Phone: Email:				
Partner Organization:						
Partner Public Contact Info:		Name: Phone: Email:				
		Educa	tion Cornorat	ion Board	Chair Signatur	· 0
Δuthenticate	l Digital Signa		•		signatures acce	
l hereby certify knowledge and awarded a rene	that the informa belief; that the e	tion subneducation	nitted in this App corporation's b	olication for oard of trus	Charter Renewa tees has reviewe	al is true to the best of my ed this application; and, that if e description outlined in the
Signature:				Date:		'
Official Use Only	Received By:			Date:		

PROPOSAL TRANSMITTAL AND SUMMARY FORM 2 OF 6 **Board Member Names and Biographical Summaries** Position, Committees Name Biography (250 word limit) Please also note if a member is non-voting.

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	K-4	John.doe@ABCCharter.com	September 2014	Present
Michelle	Smith	School Director	K-3		July 2009	August 2014