



**New Hampshire Department of Education**  
Office of Charter Schools

# Application Cover Sheet

Name of Proposed Charter School:	
Name of Organization Sponsoring the Charter School (if any):	
Name of Contact Person:	
Mailing Address:	
Primary Telephone:	
Alternate Telephone:	
Email Address:	
Projected Date of School Opening:	
Proposed School Location:	

	School Year	Grade Levels	Number of Kindergarten Students	Total Projected Student Enrollment
First Year				
Second Year				
Third Year				
Fourth Year				
Fifth Year				

I certify that I have the authority to submit this application and that all information contained herein is complete and accurate, realizing that any misrepresentation could result in disqualification from the application process or revocation after award. I understand that incomplete applications will not be considered. The person named as the contact person for the application is so authorized to serve as the primary contact for this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title