

NEW PUBLIC CHARTER SCHOOL REQUEST FORM FOR DISTRICT AND SCHOOL IDENTIFICATION NUMBERS

Vendor Code # _____

District ID _____

School ID _____

Do not write above this line.

NAME OF PUBLIC CHARTER SCHOOL: _____

GRADE LEVELS: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

DATE CHARTER SCHOOL WAS AUTHORIZED BY STATE BOARD OF EDUCATION: _____

Anticipated Date of School Opening to Students: _____

CONTACT PERSON:

NAME: _____

TITLE: _____

PHONE: _____

TYPE OF ORGANIZATION: (Check One)

_____ Public School District

_____ Private School

_____ Private Non-Profit

Public Charter School

_____ State Agency

_____ State College

_____ For Profit Organization

_____ County/Municipal

_____ Other College

DEPARTMENT OF EDUCATION CONTACT PERSON:

NAME: _____

TITLE: _____

PHONE: _____

Signature

Date