

**New Charter Application**

***Applications are due to the Charter Schools Department on***

***February 1, 2019 by 4:30 p.m.***

Completed applications are due to the Program Coordinator for Charter Schools by 4:30 p.m.

on February 1, 2019. **Five (5) copies of the application, each presented in a three ring**

**binder, tabbed, and pages numbered consecutively,** with the name of the proposed charter

school on the cover and spine, **AND** one electronic copy (ex: flash drive) of the application **are required**.

Upon delivery, the applicant will be provided a receipt.

**Applications must be delivered directly to:**

Jeff Yungmann

Program Coordinator for Charter Schools

Student Support Programs and Services (Building 8)

Pasco County Schools

7227 Land O’ Lakes Blvd.

Land O’ Lakes, FL 34638

Telephone: (813) 794 – 2408

**PASCO COUNTY SCHOOLS**

**CHARTER APPLICATION COVER SHEET**

**February 1, 2019**

***The cover sheet must be completed and accompany the charter application***

***at the time of submission.***

***Please insert in the front of the application.***

Name of proposed charter school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the nonprofit organization under which the charter will be organized or operated:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the corporation applied for non-profit status? Yes \_\_\_\_ No \_\_\_\_

Has the organization/corporation applied for 501(c)(3) non-profit status? Yes \_\_\_\_\_ No \_\_\_\_\_

Provide the name of the person who will serve as the **primary** contact for this Application. The

**primary** contact should serve as the contact for follow-up, scheduling of applicant interviews, and notices regarding the charter application.

Name of Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Relationship to **Nonprofit:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Primary telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(continue to the next page)

Name of Education Service Provider (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address and telephone number of Education Service Provider (if applicable):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Partner/Parent Organization (if any):

Term of Charter requested: \_\_\_\_\_\_\_\_\_\_\_\_

Projected school year opening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | School Year | Grade Levels | Total Projected Student Enrollment | Student Enrollment  Capacity (if known) |
| Year 1 |  |  |  |  |
| Year 2 |  |  |  |  |
| Year 3 |  |  |  |  |
| Year 4 |  |  |  |  |
| Year 5 |  |  |  |  |

**LIST THE NAMES OF ALL GOVERNING BOARD MEMBERS.** Include each board member’s address, telephone number and email addresses. Please identify the governing board chairperson.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 revocations after awards. I understand that an incomplete application 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 on behalf of the organization in Pasco County, Florida.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name