



New Charter Application

Applications are due to the Charter Schools Department.

Completed applications are due to the Program Coordinator for Charter Schools.

Three (3) 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

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: _____

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.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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