



Arizona State Board for Charter Schools 2011-2012 Application

1700 West Washington, #164
Phoenix, AZ 85007
(602) 364-3080
Fax (602) 364-3089

Cover Sheet

I certify all information contained in this application package is complete and accurate, realizing that any misrepresentation could result in disqualification from the charter application process or revocation after award. I understand that incomplete application packages will not be considered.

The applicant acknowledges that all information presented in the application package, if approved, becomes part of the charter and will be used for accountability purposes throughout the term of the charter.

The applicant acknowledges that the principals have read all Arizona statutes regarding charter schools and that, if approved to operate a charter school, the applicant is subject to and will ensure compliance with all relevant federal, state and local laws and requirements.

The applicant acknowledges that if approved to operate a charter school, the applicant must execute a charter contract with the Arizona State Board for Charter Schools within twelve months of the date of approval of the charter by the Arizona State Board for Charter Schools. A charter that is not timely signed expires.

The applicant approved to operate a charter school must begin providing educational services within twelve months of execution of the charter or within twenty-four months of approval of the charter, whichever date occurs later.

The applicant acknowledges that if approved to operate a charter school, the applicant must provide the minimum number of days of instruction as defined in A.R.S. §15-341.01 within the State's fiscal year that begins July 1st and ends June 30th. Failure to do so may result in revocation of the charter.

Applicant Name

Authorized Representative
(Printed Name)

Signature of Authorized Representative

Date

Title Page

Name of Applicant Applying for the Charter _____
 (This may be a public body, private person or private organization A.R.S. §15-183.B)

Name of Proposed Charter School _____
 New School Converted School

Authorized Representative for Applicant _____
 (This may be the individual applicant or an individual authorized by the applicant)

Title/Relationship to Applicant _____

Authorized Representative Mailing Address _____

City _____ State _____ Zip _____

County _____ E-mail: _____

Daytime Phone: (____) _____ Fax: (____) _____

Type of Organization	When listing the names of the officers, members, partners or board members of the applicant, (collectively referred to as Principals) provide the charter name and sponsor if the individual has ever served as a Principal, or as a member of a governing body or an administrator for a charter before.		
	Principals Name(s)	Charter Name(s)	Sponsor
<input type="checkbox"/> Non-Profit Corporation			
<input type="checkbox"/> For-Profit Corporation			
<input type="checkbox"/> Partnership			
<input type="checkbox"/> Sole Proprietorship			
<input type="checkbox"/> Tribal Entity			
<input type="checkbox"/> LLC			
<input type="checkbox"/> School District			
<input type="checkbox"/> Other			

The governing body of a charter school is responsible for the policy decisions of the school. (A.R.S. §15-183.E.8) Please indicate the make-up of this body below.

<i>School Governing Body (Body responsible for the policy decisions of the school.)</i>				
Member Type	Number	Name	Name	Name
Organization Principals				
School Staff				
Parents				
Community				
Other				

Target Population

Mission Statement: (use only this space)

	Grades Served	Total Number Served	Sites
	Please remove any grades not being taught.	Enrollment cap at all campuses and in all grades combined.	Number Operating
Year _____	K 1 2 3 4 5 6 7 8 9 10 11 12		_____
Year _____*	K 1 2 3 4 5 6 7 8 9 10 11 12		_____
Year _____*	K 1 2 3 4 5 6 7 8 9 10 11 12		_____

*The addition of grades will require an amendment request after the approval and signing of the contract.

School Calendar

Standard Extended School Year Number of Instructional Days _____

Alternative (please describe in 5 words or less) Target Start Date _____

Complete the following information for each site indicated above. If planning more than one site, provide the following information for each site. Attach an additional page if necessary.

1. Please provide specific boundary information (e.g. targeted 10 mile radius) on the planned location for your school:
2. Number of classrooms, offices, etc. necessary, along with total square footage to implement your program as described:
3. If facility arrangements have been made, provide the information below:

Proposed School Name: _____

Site Address: _____

City: _____ Zip Code: _____ County: _____

PERFORMANCE MANAGEMENT PLAN
 <(Insert Applicant Name)>

INDICATOR: *(Academic Area)* **Reading**
 20__

DURATION OF THE PLAN: Begins _____ , 20__ to _____ ,

MEASURE	METRIC	TARGET
<i>(Identify what aspect of indicator, i.e. academic area, will be focused upon.)</i>	<i>(Reasonable and appropriate ways to measure the identified improvement area – generally numeric.)</i>	<i>(Intended results or definition of success within a certain period of time)</i>

STRATEGY I: Provide and implement a reading curriculum that improves student achievement.

Action Steps	Timeline	Responsible Party	Evidence of Meeting Action Steps	Budget
1. <i>(Repeat these action steps as necessary to include the appropriate number of steps to accomplish the strategy.)</i>				
2.				
3.				

STRATEGY II: Develop and implement a plan for monitoring the integration of the Arizona Academic Standard for Reading into instruction.

Action Steps	Timeline	Responsible Party	Evidence of Meeting Action Steps	Budget
1. <i>(Repeat these action steps as necessary to include the appropriate number of steps to accomplish the strategy.)</i>				
2.				
3.				

STRATEGY III: Develop and implement a plan for monitoring and documenting student proficiency in reading.

Action Steps	Timeline	Responsible Party	Evidence of Meeting Action Steps	Budget
1. <i>(Repeat these action steps as necessary to include the appropriate number of steps to accomplish the strategy.)</i>				
2.				
3.				

STRATEGY IV: Develop and implement a professional development plan that supports effective implementation of the reading curriculum.

Action Steps	Timeline	Responsible Party	Evidence of Meeting Action Steps	Budget

1. <i>(Repeat these action steps as necessary to include the appropriate number of steps to accomplish the strategy.)</i>				
2.				
3.				

ANNUAL BENCHMARK TARGETS:

Predicted Baseline	Year 1	Year 2	Target For This Plan

PERFORMANCE MANAGEMENT PLAN
 <Insert Applicant Name>

INDICATOR: *(Academic Area)* **Mathematics** **DURATION OF THE PLAN:** Begins _____ , 20__ to _____ , 20__

MEASURE	METRIC	TARGET
<i>(Identify what aspect of indicator, i.e. academic area, will be focused upon.)</i>	<i>(Reasonable and appropriate ways to measure the identified improvement area – generally numeric.)</i>	<i>(Intended results or definition of success within a certain period of time)</i>

STRATEGY I: Provide and implement a mathematics curriculum that improves student achievement.

Action Steps	Timeline	Responsible Party	Evidence of Meeting Action Steps	Budget
1. <i>(Repeat these action steps as necessary to include the appropriate number of steps to accomplish the strategy.)</i>				
2.				
3.				

STRATEGY II: Develop and implement a plan for monitoring the integration of the Arizona Academic Standard for Mathematics into instruction.

Action Steps	Timeline	Responsible Party	Evidence of Meeting Action Steps	Budget
1. <i>(Repeat these action steps as necessary to include the appropriate number of steps to accomplish the strategy.)</i>				
2.				
3.				

STRATEGY III: Develop and implement a plan for monitoring and documenting student proficiency in mathematics.

Action Steps	Timeline	Responsible Party	Evidence of Meeting Action Steps	Budget
1. <i>(Repeat these action steps as necessary to include the appropriate number of steps to accomplish the strategy.)</i>				
2.				
3.				

STRATEGY IV: Develop and implement a professional development plan that supports effective implementation of the mathematics curriculum.

Action Steps	Timeline	Responsible Party	Evidence of Meeting Action	Budget
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			Steps	
1. <i>(Repeat these action steps as necessary to include the appropriate number of steps to accomplish the strategy.)</i>				
2.				
3.				

ANNUAL BENCHMARK TARGETS:

Predicted Baseline	Year 1	Year 2	Target For This Plan

Grade Level	Content Area	Course Title <i>(9-12 Samples Only)</i>	Unit Title
Length of Unit	Time of Year Taught	Expected Prior Knowledge	
Unit Description			
Strand(s), Concept(s), and PO(s)			
<i>List and define the required Strand(s), Concept(s), and PO(s) for each lesson included in this sample.</i>			
Summative Assessment			
<i>Describe a cumulative and comprehensive activity that allows students to demonstrate mastery of stated POs. A copy of the summative assessment must be included in the application package.</i>			
Assessment Scoring			
<i>Explain how each assessment is scored, to include points per question, total points possible, criteria, and grading scale. Describe rubric, if applicable, to include components being evaluated and the scoring criteria for each. A copy of the answer key and/or scoring rubric must be included in the application package.</i>			
Materials/Resources Needed			
<i>(Include all items for the entire unit.)</i>			

	Lesson 1	Lesson 2	Lesson 3	Lesson 4	Lesson 5
Lesson Instruction					

	Lesson 1	Lesson 2	Lesson 3	Lesson 4	Lesson 5
Student Activities					

Verifiable Proof of Secured Funds

Applicant Name:

One form is required for each individual contributing to the start-up funds for the above named applicant. This form may be copied as necessary.

I authorize the staff of the Arizona State Board for Charter Schools to verify the availability of funds in the following account(s):

Financial Institution: _____

Address: _____

Contact Name: _____ Phone Number _____

Account Number(s): _____

Minimum Funds Available: _____

Printed name of account holder Account holder signature Date

Printed name of account holder Account holder signature Date

BACKGROUND INFORMATION SHEET

Provide the following information for each authorized representative, officer, member, director, and partner:

Any section not completely filled out will be deemed **ADMINISTRATIVELY INCOMPLETE.**

Attach the following:

- Resume (2 page maximum)
- Official transcripts from the highest post-secondary education institution attended. Official transcripts from the educational institution must be received in the ASBCS office within 2 weeks of the application package submission.
- Copy of a valid fingerprint clearance card. Copies of applications to Arizona Department of Public Safety will not be accepted.
- Notarized Affidavit, Disclosure and Consent for Background and Credit Check

This form may be copied as many times as necessary.

Full Name (First, Middle, Last)		Other Names Used (Maiden names, AKA, etc.)	
Social Security Number (xxx-xx-xxxx)		Date of Birth (Month/Day/Year)	
Residential Address			
City	State	Zip	Phone Number
Mailing Address (if different from above)			
City	State	Zip	Phone Number
Email Address			

List each CITY, STATE and ZIP CODE you have lived in within the past seven years if different from your current address.

City	State	Zip Code	From Mo/Yr	To Mo/Yr

**BACKGROUND INFORMATION SHEET
PAGE TWO**

List highest post-secondary institution attended. Official transcripts from the educational institution must be received in the ASBCS office within 2 weeks of the application package submission and should be sent to: Arizona State Board for Charter Schools, 1700 W. Washington St., Room 164, Phoenix, AZ 85007

Institution Name	Dates Attended	Degree Earned	Major
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- Official transcripts attached
 Official transcripts requested on _____(date) to be sent directly to ASBCS.

List last FIVE YEARS of employment. Please include retirement or gaps of employment within the last five years.

Company Name		Position Held		
Address	City	State	Zip Code	Phone Number
Date Employed From: (Month/Year)	Date Employed To: (Month/Year)		Supervisor/Contact:	

Company Name		Position Held		
Address	City	State	Zip Code	Phone Number
Date Employed From: (Month/Year)	Date Employed To: (Month/Year)		Supervisor/Contact:	

Company Name		Position Held		
Address	City	State	Zip Code	Phone Number
Date Employed From: (Month/Year)	Date Employed To: (Month/Year)		Supervisor/Contact:	

**ARIZONA STATE BOARD FOR CHARTER SCHOOLS
1700 W. Washington Street, Room 164
Phoenix, AZ 85007**

**AFFIDAVIT, DISCLOSURE, AND CONSENT
FOR BACKGROUND AND CREDIT CHECK**

Instructions: Return this signed and notarized affidavit with the application package. Copies will not be accepted.

Name: _____

Social Security Number: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Date of Birth: _____

Place of Birth: _____

If you have already disclosed the information below to the Arizona State Board for Charter Schools within the past fiscal year, AND since disclosing that information, you: 1) have NOT been convicted of nor pled “no contest” for any violation of law other than minor traffic offenses nor has a conviction been set aside; 2) have NOT been convicted of, admitted committing, and are not awaiting trial on any of the below criminal offenses (listed in question 2) in this state or similar offenses in another jurisdiction; and 3) have NOT since declared bankruptcy, then you DO NOT have to resubmit the information requested below on page two of this form. Please complete page one, sign page two and submit to the Arizona State Board for Charter Schools.

If you have submitted this affidavit within one fiscal year for another charter, please indicate the name of the charter(s) or applicant and the date of prior submission

**AFFIDAVIT, DISCLOSURE, AND CONSENT
FOR BACKGROUND AND CREDIT CHECK
PAGE TWO**

With signature below, permission is hereby granted to complete the background and credit check of the individual above for the following Applicant(s):

Please check the appropriate answer to each question below

<p>1. Have you ever been convicted of or pled "no contest" for any violation of law other than minor traffic offenses? If either event has occurred, you must answer YES. If the conviction has been set aside, the charges must be disclosed. Please give details on a separate signed, notarized and dated sheet.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>2. Have you ever been convicted of, admitted committing, or are you awaiting trial on any of the following criminal offenses in this state or similar offenses in another jurisdiction: (1) Sexual abuse of a minor, (2) Incest, (3) First or second degree murder, (4) Kidnapping, (5) Arson, (6) Sexual assault, (7) Sexual exploitation of a minor, (8) Contributing to the delinquency of a minor, (9) Commercial sexual exploitation of a minor, (10) Felony offenses involving distribution of marijuana or dangerous or narcotic drugs, (11) Felony offenses involving the possession or use of marijuana or dangerous or narcotic drugs, (12) Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs, (13) Burglary in the first degree, (14) Burglary in the second or third degree, (15) Aggravated or armed robbery, (16) Robbery, (17) A dangerous crime against children as defined in A.R.S. § 13-604.01, (18) Child abuse, (19) Sexual conduct with a minor, (20) Molestation of a child, (21) Manslaughter, (22) Aggravated assault, (23) Assault, or (24) Exploitation of minors involving drug offenses? If YES, submit certified court record and details of incident(s), signed, notarized and dated.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3. Have you ever declared bankruptcy? Please give details on a separate signed, notarized and dated sheet.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

I DO SOLEMNLY SWEAR OR AFFIRM THAT THE FORGOING INFORMATION PROVIDED BY ME FOR THE ABOVE LISTED APPLICANT(S) IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. FURTHERMORE, SHOULD ANY PART OF THE INFORMATION HEREIN PROVIDED PROVE TO BE FALSE, I RECOGNIZE THAT IT SHALL BE JUST CAUSE FOR DENIAL OR REVOCATION OF THE CHARTER FOR THE ABOVE LISTED APPLICANT(S) BY THE ARIZONA STATE BOARD FOR CHARTER SCHOOLS.

Applicant's Signature _____

Notary:
 Subscribed and sworn before me this _____ day of _____ Year _____.
 County of _____ State of _____.
 Notary Public _____ My Commission Expires _____