

Arizona State Board for Charter Schools

Applicant Information Form



Applicant Information	
Name of Applicant Entity	
Mailing Address of the Applicant Entity	
Day Time Phone	
Proposed School Name	
County (in which the school will be located)	

Entity Structure:

Provide information regarding the Authorized Representatives and Charter Principals of the Applicant Entity.

Below, identify any individuals that are an Authorized Representative and/or Charter Principal of the Applicant Entity. Documentation is required for each individual, as indicated in the New Charter Application Instructions. You will need to provide an Authorized Representative and/or Charter Principal Form for each Authorized Representative and Charter Principal. Follow the directions on that form regarding additional submission requirements for these individuals.

Authorized Representative(s)	
First and Last Name	Email address

Charter Principal(s)	
First and Last Name	Email address

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Form of Organization

Check the box that accurately represents the type of entity that will hold the charter.

- ☐ Non Profit Corporation
☐ For Profit Corporation
☐ Partnership
☐ Sole Proprietor
☐ Tribal Entity
☐ Government Entity

School Governing Body

Provide information regarding the governance structure of the entity, as it relates to the governing body of the school that will be operated under the charter contract by the Applicant. Pursuant to A.R.S. §15-183(E)(8), the school governing body of a charter school is responsible for the policy decisions of the school.

What will be the governance structure of the entity?

Check the box of the statement that will accurately represent the governance structure of the entity after approval (only check one box).

☐ The corporate board and the school governing body are one and the same. *(If this option is chosen, skip the next section)*

☐ The corporate board is separate from the school governing body. *(If this option is chosen, complete the next section)*

Name, Type, Number

Enter the first and last name of each individual that will serve as the member type identified below. Identify the type of members that will comprise the school governing body. Complete for each school governing body member. Repeat this process for each member that will serve on the school governing body.

First and Last Name	Type	
	<input type="checkbox"/> Charter Organization <input type="checkbox"/> School Staff <input type="checkbox"/> Parent <input type="checkbox"/> Community	<input type="checkbox"/> Other <input type="checkbox"/> Ex-Officio Member <input type="checkbox"/> Non-Voting Member <input type="checkbox"/> Non-Voting Advisory Member <input type="checkbox"/> Alternate Member <input type="checkbox"/> Honorary Member
	<input type="checkbox"/> Charter Organization <input type="checkbox"/> School Staff <input type="checkbox"/> Parent <input type="checkbox"/> Community	<input type="checkbox"/> Other <input type="checkbox"/> Ex-Officio Member <input type="checkbox"/> Non-Voting Member <input type="checkbox"/> Non-Voting Advisory Member <input type="checkbox"/> Alternate Member <input type="checkbox"/> Honorary Member
	<input type="checkbox"/> Charter Organization <input type="checkbox"/> School Staff <input type="checkbox"/> Parent	<input type="checkbox"/> Other <input type="checkbox"/> Ex-Officio Member <input type="checkbox"/> Non-Voting Member <input type="checkbox"/> Non-Voting Advisory Member <input type="checkbox"/> Alternate Member <input type="checkbox"/> Honorary Member

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	<input type="checkbox"/> Community	
	<input type="checkbox"/> Charter Organization <input type="checkbox"/> School Staff <input type="checkbox"/> Parent <input type="checkbox"/> Community	<input type="checkbox"/> Other <input type="checkbox"/> Ex-Officio Member <input type="checkbox"/> Non-Voting Member <input type="checkbox"/> Non-Voting Advisory Member <input type="checkbox"/> Alternate Member <input type="checkbox"/> Honorary Member
	<input type="checkbox"/> Charter Organization <input type="checkbox"/> School Staff <input type="checkbox"/> Parent <input type="checkbox"/> Community	<input type="checkbox"/> Other <input type="checkbox"/> Ex-Officio Member <input type="checkbox"/> Non-Voting Member <input type="checkbox"/> Non-Voting Advisory Member <input type="checkbox"/> Alternate Member <input type="checkbox"/> Honorary Member
	<input type="checkbox"/> Charter Organization <input type="checkbox"/> School Staff <input type="checkbox"/> Parent <input type="checkbox"/> Community	<input type="checkbox"/> Other <input type="checkbox"/> Ex-Officio Member <input type="checkbox"/> Non-Voting Member <input type="checkbox"/> Non-Voting Advisory Member <input type="checkbox"/> Alternate Member <input type="checkbox"/> Honorary Member

Education Service Provider

Check the box of the statement that will accurately represent whether the entity intends to contract with an Education Service Provider (only check one box).

☐ The Applicant entity **intends to** contract with or have a governance relationship with an Education Service Provider.

☐ The Applicant entity **does not intend to** contract with or have a governance relationship with an Education Service Provider.