



# Arizona State Board for Charter Schools

## Member Campus

Charter Holder Information	
Name of Charter Holder Entity	
CTDS of Charter Holder Entity	
Name of Charter Representative	

Check box below to indicate the type of request (only check one box)	
<input type="checkbox"/>	Adding a member campus
<input type="checkbox"/>	Closing an existing member campus.
<input type="checkbox"/>	Moving an existing member campus to another facility. <b>Check one of the boxes below.</b>
<input type="checkbox"/>	Permanent change
<input type="checkbox"/>	Temporary change

Add/Moving Member Campus Information	
Name and CTDS of Primary School	-Member Campus (MC)
Grade levels to be served	
Physical Address	
City, State and Zip code	
Phone Number and Fax Number	
First day of operation	

Close Member Campus Information	
Name and CTDS of Primary School	-Member Campus (MC)
Physical Address	
City, State and Zip code	
Last day of instruction	

Signature	
<p>By signing below, I affirm that I am acting on behalf of _____ (“Charter Holder”) to _____ a member campus. I believe that the Charter Holder has submitted all the required documentation to meet the substantive completeness requirements for this request as described in the Member Campus Request instructions.</p> <p>The Arizona State Board for Charter Schools (“Board”) and the Charter Holder herein agree to amend the terms of the charter contract based on the information provided in this form and attached documents. In witness whereof, the Charter Holder has signed this contract amendment as of this _____ day of _____, 20____, and the Board has signed this contract amendment as of this ____ day of _____, 20____, to take effect at such time as it is signed by both parties.</p> <p>Charter Representative Signature:</p> <p>Executive Director of the Board Signature:</p>	