

Arizona State Board for Charter Schools 2012-2013 Application

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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 acknowledges that if approved to operate a charter school, the applicant 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 (Must match Articles of Incorporation, Article of Organization, or other legal documentation establishing a public body, private person or private organization pursuant to A.R.S. §15-183.B)

Authorized Representative
(Printed Name)

Signature of Authorized Representative

Date