Arizona State Board for Charter Schools

Instructional Staff Assurances / Marketing and Outreach Assurances Form

A.R.S. § 15-901.06 allows charter schools that provide instruction to high school students to offer a dropout recovery program for eligible students and provides for charter schools to contract with an educational management organization to provide a dropout recovery program. For additional information on this statute review the Dropout Recovery Program Amendment Request.

If the charter holder is contracting with an educational management organization, fill out the following information, check both boxes, sign at the bottom, and upload this document with the Dropout Recovery Program Amendment Request.

Charter Holder Information	
Name of Charter Holder Entity	
Name of Educational Management Organization	
Charter Representative Name	
Charter Representative Email	
Target Start Date of New Program	
Location (*address or cross streets*)	

Check box below to indicate review of Instructional Staff Assurances	
☐	By signing below, I understand that I am required to provide, upon request, documentation that all teachers provided by the educational management organization: 1) Hold a current teaching license in any state, 2) Hold a valid Arizona fingerprint clearance card pursuant to section A.R.S. § 15-534, and 3) Are highly qualified in the subjects to which they are assigned. I acknowledge that if documentation is not available upon request the Board may take action as allowed by statute and the charter contract.

Check box below to indicate review of Marketing and Outreach Assurances	
☐	By signing below, I understand that I am required to provide, upon request, documentation of all advertising and marketing materials and campaigns conducted by the educational management organization to demonstrate that they: 1) Are not directed at pupils who are currently enrolled in a school district or charter schools, and 2) Do not encourage pupils who are currently enrolled in a school district or charter school to stop attending school in order to qualify for a dropout recovery program. I acknowledge that if documentation is not available upon request the Board may take action as allowed by statute and the charter contract.

Signature

Charter Representative Name (printed):_____

Charter Representative Signature:_____ Date:_____

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