Arizona State Board for Charter Schools

Replication Eligibility

Review the criteria for eligibility on pages 1 and 2, confirm eligibility, fill out the following information, sign at bottom, and email to charterschoolboard@asbcs.az.gov, mail to P.O. Box 18328, Phoenix, AZ 85005, or submit in person at 1616 West Adams St., Suite 170, Phoenix, AZ 85007. Board staff will provide notification of eligibility within 15 business days of receipt.

Charter Holder Information	
Name of Charter Holder Entity	
Replication Model School	
Associated Charters and/or Schools	
Charter Representative Name	
Charter Representative Email	
Target Start Date of New School	

School Information	**Replication Model School**	**Proposed New School**
Grades Served		
Location (*address or cross streets*)		

Check box below to indicate completion of eligibility review by charter holder	
☐	I understand that to be eligible to apply for a Replication Charter, the following criteria must be met by the Replication Model School, each school operated by the Charter Holder requesting replication, all Associated Schools and Associated Charters. I have reviewed all relevant dashboards and operational compliance, and found that these criteria have been met. • The Replication Model School is currently operating and has a minimum Overall Rating on the Academic Dashboard of "Above Standard" in each of the last two years, • The Replication Model School has provided a program of instruction for the grade levels requested for replication and that the current Overall Rating include the grade levels requested, • 75% or more of the schools operated by the Charter Holder must have a minimum Overall Rating of "Meets Standard" on the most recent Academic Dashboard, • Either 75% or more of all Associated Schools meet the academic performance criteria, or if one or more Associated Schools are excluded for academic purposes, then 100% of the remaining Associated Schools must meet the academic performance criteria, • The Charter Holder and its Associated Charters meet the financial performance criteria, • The Charter Holder and its Associated Charters meet the operational performance criteria, and • The Charter Holder and its Associated Charters are in compliance as specified in the Conducting Compliance Checks Policy Statement.

*If an Associated School or Associated Charter is being excluded from the eligibility criteria review, attach a complete Special Exclusions form.

Signature

By signing below, I affirm that I am acting on behalf of the above listed Charter Holder to request to participate in the replication process. I believe that the above listed Charter Holder meets the eligibility requirements outlined above and understand that Board staff will review the academic, operational, and financial performance of the Charter Holder to confirm eligibility.

Charter Representative Signature: _____ Date: _____