



**Arizona State Board for Charter Schools
Replication Application
Instructions**

1700 West Washington, #164
Phoenix, AZ 85007
(602) 364-3080
Fax (602) 364-3089

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Basic steps in the application process:

1. Replication application packages will be accepted throughout the year. However, for applicants who intend to open a school in the following fiscal year, by the close of business on the first day of December, submit a letter of intent to participate in the replication program.
2. Once eligibility is confirmed by the Board staff, an application package may be submitted by close of business on the first day of February to open a school in the following fiscal year.
3. Not more than 25 business days after receipt of the application package, the applicant will be notified if the application package is administratively and substantively complete. If the application package is not complete, a new application package may be submitted.
4. A report will be created for each complete application package that includes how the replication application package supports:
 - a. Continuation of the mission
 - b. Implementation of academic program
 - c. Market analysis for the new population
 - d. Consistency in governance structure
5. At a scheduled meeting of the Arizona State Board for Charter Schools, the Board will publicly make a determination whether to approve the replication application package and grant the charter based on the materials reviewed and a determination of the Board as to whether the applicant is sufficiently qualified.

Instructions

Completely prepare the application package using the format and timeline provided. Application packages can be mailed or delivered to the:

Arizona State Board for Charter Schools
1700 West Washington Street, #164
Phoenix, AZ 85007

Format of Application:

Information must be provided on the required forms and may be downloaded from the Board's web page at www.asbcs.az.gov under Applicant Resources.

A complete application package:

- Contains the requested information, answers to all questions, and all attachments.
- Presents all information typed on consecutively numbered pages.
- Includes:
 - a. one (1) single-sided, binder clip bound original signed in blue ink; and
 - b. one (1) binder clip bound single-sided copy of the complete application package without Attachments D and E.
 - c. a PDF copy of complete application package without Attachments D and E submitted to charterschoolboard@asbcs.az.gov or provided on a CD.

Note: Attachments D and E require the inclusion of information that is confidential by state law. The Board will maintain the confidentiality of original Attachments D and E as provided by law. The Board is not responsible for the release of confidential information contained in Attachments D and E that is submitted by the Applicant in a manner other than described herein.

Incomplete application packages will not be forwarded to the Board for consideration.

Timeframes

1. By the close of business on the first day of December, an existing charter holder must submit a letter of intent to participate in the replication program.
2. Within 25 business days of receipt of a letter of intent, staff will notify the applicant whether the applicant meets the eligibility criteria.
3. By the close of business on the first day of February, each applicant will submit the required components of the replication application.
4. By the close of business on the last day of March, Board staff will complete an expedited administrative and substantive review of the replication application package.
5. Application packages that are administratively and substantively complete will be forwarded to the Board for consideration at the April meeting. Application packages approved by the Board will be eligible to open beginning the next school year.

Applicants will be notified of the date, time, and location of the Board meeting in which their application package will be considered. Applicants should be prepared to make a brief presentation to the Board and to answer questions of the Board. The Board may accept or reject the application package for a charter at its discretion.

Eligibility

1. Each existing operational charter wishing to participate in the replication program must have three years of academic performance data and must submit a written request to participate. The request will include:
 - a. The name of the entity holding the charter.
 - b. Identifying information for the program to be replicated.
 - c. The name and contact information for the charter representative coordinating the replication process.
 - d. The compelling reason to replicate the program.
 - e. Demonstration that the existing charter has provided an additional academic choice for parents and pupils. Evidence may include a description of patterns of mobility and retention of students to include:
 - i. A continuous increase in enrollment or maintenance of a consistent number of students over a three year period.
 - ii. The retention rate of students from one year to the next (for three or more years) when a subsequent grade level is offered, as it supports the target population and mission of the school.
 - iii. The enrollment practices of the school, including waiting lists, lotteries, etc.
2. Each request will be reviewed for eligibility. An eligible charter must:
 - a. Currently provide a program of instruction for the grade levels requested in the replication.
 - b. Currently demonstrate, for all schools associated with the charter, including similar parent organizations or charter holders, an academic performance level that the Board has determined to be adequate for the following school configurations:
 - A school that serves any students between grades three and eight must meet or exceed the state average percent proficient in reading and in math on the state assessment and has a student growth percentile of no less than minus one standard deviation from the state median growth percentile in reading and in math.
 - A school that serves students no higher than grade two must exceed the state average scale score on the Arizona Department of Education's norm-referenced test administered to second grade students.
 - A school that serves any students from grades ten to twelve must meet or exceed the state average percent proficient in reading and in math on the state assessment.
 - c. Have a current AZ LEARNS Achievement Profile of Excelling or Highly Performing.
 - d. Have had most recent two previous years' AZ LEARNS Achievement Profiles of Excelling, Highly Performing, or Performing Plus.
 - e. Have met AYP determination for the three most current years of operation.
 - f. Be in compliance with local, state, and federal laws and their charter contract.
 - g. Have an audit that demonstrates the school is solvent.

Application

As you complete the application, please keep in mind the importance of the overall consistency of the application package and evidence to support a quality program and the provision of additional choice. Each application package is unique and should represent your mission and philosophy throughout.

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.

1) Cover Sheet – Attachment A

Use this form to provide information on the Applicant’s Name, the Proposed School Name, and a brief Table of Contents for your application package. The Table of Contents should not be modified except to add page numbers corresponding to the submitted application. This attachment must be kept to a single page.

2) Entity Information Sheet - Attachment B

Enter the name of the applicant and the name and mailing address of the individual that will serve as the authorized representative on behalf of the entity/individual seeking the charter. In addition, provide the form of organization that is seeking the charter, the names of the corporate principals of the organization, and the make-up and membership of the governing body of your school.

3) Population/Facility Sheet - Attachment C

Use this form to provide information on the school’s mission, grade levels to be served, school calendar, and facilities.

4) A description of the school’s program of instruction, as it supports replication, to include:

- a. The impact of the school’s philosophy on the success of the existing school,
- b. Efforts in achieving the school’s mission,
- c. Implemented methods of instruction and assessment as they support the information above including:
 - i. Mastery and remediation
 - ii. Promotion/graduation requirements
 - iii. Teacher qualifications
 - iv. Evidence of the school’s program of instruction to meet the needs of the target population

5) Demonstration that the existing charter has provided an additional academic choice for parents and pupils. Evidence must include a description of patterns of mobility and retention of students to include:

- a. A continuous increase in enrollment or maintenance of a consistent number of students over a three year period.
- b. The retention rate of students from one year to the next (for three or more years) when a subsequent grade level is offered, as it supports the target population and mission of the school.
- c. The enrollment practices of the school, including waiting lists, lotteries, etc.

6) Specific demographic information and/or market analysis that supports replication of the existing charter within an identified target area/proposed area.

7) Governance Structure: Consistency in governance and leadership.

8)

Description of the existing corporate and governance structure, and financial and operational processes that contributed to the high quality school that is being replicated and the consistency that will be maintained with the replication including:

- a. The role of the officers, members, partners or board members in the maintenance and operation of the school,
- b. The role and makeup of the governing body,
- c. The business structure, including the use of contracted services, if any, for financial and operational processes.
- d. Appropriate resumes, background information sheets (Attachment E), Fingerprint Clearance Cards, and Affidavits (Attachment F).
- e. Articles of Incorporation
- f. Corporate Bylaws

8) Financial Feasibility – Attachments G and H

Start-up Budget and First Year Monthly Cashflow that represents secured funds and the ability to replicate and sustain the operation of the new school.

9) Application Checklist – Attachment F

Completed checklist will include the page number where discussion of each separate item listed within the checklist begins. Page ranges are not acceptable.

Insert Applicant Name Here

Insert Proposed School Name Here

Table of Contents

Program of Instruction – as it supports replication.....

Demonstration of Choice

Demographic/Market Information

Governance Structure.....

I certify all information contained in this application is complete and accurate, realizing that any misrepresentation could result in disqualification from the application replication process or revocation after award. I understand that incomplete applications will not be considered.

The application replication applicant acknowledges that he/she has read all Arizona statutes regarding charter schools and that, if approved, he/she is subject to and will ensure compliance with all relevant federal, state and local laws and requirements.

The application replication applicant acknowledges that if approved to operate a charter school, he/she 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 charter holder must begin providing educational services within twelve months of execution of the contract or within twenty-four months of approval of the charter, whichever date occurs later. Failure to do so may result in termination of the contract and revocation of the charter.

The replication 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

Authorized Representative
(please print)

Signature of Authorized Representative

Date

All information presented in this application becomes part of the charter contract and may be used for accountability purposes throughout the term of the charter contract.

Entity Information Sheet

Name of Current Charter Holder _____

(This may be a public body, private person or private organization A.R.S. 15-183.B.3)

Name of Charter School Being Replicated _____

Applicant Name if Different from Current Charter Holder _____

Name of Proposed Charter School _____

New School

Converted School

Authorized Representative for Applicant _____

(This may be the individual applicant or an individual authorized by the corporate board)

Authorized Representative Mailing Address _____

City _____ State _____ Zip _____

County _____ E-mail: _____

Day Time Phone: () _____ Fax: () _____

Form of Organization

When listing the names of corporate principals and members of the organization, provide the charter name and sponsor if the individual has ever applied for a charter before:

| | Member Name(s) | Charter Name(s) | Sponsor |
|---|----------------|-----------------|---------|
| <input type="checkbox"/> Non-Profit Corporation | _____ | _____ | _____ |
| <input type="checkbox"/> For-Profit Corporation | _____ | _____ | _____ |
| <input type="checkbox"/> Sole Proprietorship | _____ | _____ | _____ |
| <input type="checkbox"/> Tribal Entity | _____ | _____ | _____ |
| <input type="checkbox"/> Other | _____ | _____ | _____ |

The governing body of a charter school is responsible for the policy decisions of the school. Please indicate the make-up of this body below.

| Governing Body (Body responsible for the policy decisions of the school.) (A.R.S. 15-183.E.8) | | | | |
|---|--------|------|------|------|
| Member Type | Number | Name | Name | Name |
| Corporate | | | | |
| School Staff | | | | |
| Parents | | | | |
| Community | | | | |
| Other | | | | |

Population/Facility Sheet

| |
|---|
| Mission Statement: (use only this space) |
| |

| | Grades Served <small>Please circle all grades being taught.</small> | Total Number Served <small>Enrollment cap at all campuses and in all grades combined</small> | Sites <small>Number Operating</small> |
|----------------|--|---|--|
| Year 1 | K 1 2 3 4 5 6 7 8 9 10 11 12 | | |
| Year 2* | K 1 2 3 4 5 6 7 8 9 10 11 12 | | |
| Year 3* | K 1 2 3 4 5 6 7 8 9 10 11 12 | | |

*The addition of grades would require an amendment request after the approval and signing of the contract.

| |
|------------------------|
| School Calendar |
|------------------------|

- Standard Extended School Year Instructional Days _____
 Target Start Date _____
 Alternative (please describe in 5 words or less)

Complete the following information for each site indicated above. If planning more than one site, attach an additional page with the following information.

Please provide specific boundary information (e.g. targeted 10 mile radius) on the planned location for your school:

Number of classrooms, offices, etc. necessary, along with total square footage to implement your program as described:

If facility arrangements have been made, provide the information below:

Site Name: _____

Site Address: _____

City: _____ Zip Code: _____ County: _____

BACKGROUND INFORMATION SHEET

Provide the following information for each authorized representative, corporate officer, member, partner, and any identified individual responsible for the day-to-day operation of the school:

Any section not complete will be deemed **ADMINISTRATIVELY INCOMPLETE.**

Attach the following:

- Resume (2 page maximum)
- Official transcripts from the highest post-secondary education institution attended. Official transcripts from the educational institution must be received in the ASBCS office within 2 weeks of application submission.
- Copy of a valid fingerprint clearance card. Copies of applications to DPS will not be accepted.
- Notarized Affidavit, Disclosure and Consent for Background and Credit Check

This attachment may be copied as many times as necessary.

| | | | |
|--|--------------|---|---------------------|
| Full Name (First, Middle, Last) | | Other Names Used (Maiden names, AKA, etc.) | |
| Social Security Number (xxx-xx-xxxx) | | Date of Birth (Month/Day/Year) | |
| Residential Address | | | |
| City | State | Zip | Phone Number |
| Mailing Address (if different from above) | | | |
| City | State | Zip | Phone Number |
| Email Address | | | |

List each CITY, STATE and ZIP CODE within the past seven years if different from your current address.

| City | State | Zip Code | From Mo/Yr | To Mo/Yr |
|------|-------|----------|------------|----------|
| | | | | |
| | | | | |

List highest post-secondary institution attended. Official transcripts from the educational institution must be received in the ASBCS office within 2 weeks of application submission sent to: Arizona State Board for Charter Schools, 1700 W. Washington St., Room 164, Phoenix, AZ 85007

| Institution Name | Dates Attended | Degree Earned | Major |
|------------------|----------------|---------------|-------|
| | | | |

- Official transcripts attached
- Official transcripts requested on _____ (date) to be sent directly to ASBCS.

Approved _____

**BACKGROUND INFORMATION SHEET
PAGE TWO**

List last FIVE YEARS of employment. Please provide a statement explaining retirement or gaps of employment within the last five years.

Any section not complete will be deemed **ADMINISTRATIVELY INCOMPLETE.**

| | | | | |
|--|--|----------------------|----------------------------|---------------------|
| Company Name | | Position Held | | |
| Address | City | State | Zip Code | Phone Number |
| Date Employed From: (Month/Day/Year) | Date Employed To: (Month/Day/Year) | | Supervisor/Contact: | |

| | | | | |
|--|--|----------------------|----------------------------|---------------------|
| Company Name | | Position Held | | |
| Address | City | State | Zip Code | Phone Number |
| Date Employed From: (Month/Day/Year) | Date Employed To: (Month/Day/Year) | | Supervisor/Contact: | |

| | | | | |
|--|--|----------------------|----------------------------|---------------------|
| Company Name | | Position Held | | |
| Address | City | State | Zip Code | Phone Number |
| Date Employed From: (Month/Day/Year) | Date Employed To: (Month/Day/Year) | | Supervisor/Contact: | |

| | | | | |
|--|--|----------------------|----------------------------|---------------------|
| Company Name | | Position Held | | |
| Address | City | State | Zip Code | Phone Number |
| Date Employed From: (Month/Day/Year) | Date Employed To: (Month/Day/Year) | | Supervisor/Contact: | |

ARIZONA STATE BOARD FOR CHARTER SCHOOLS
1700 W. Washington Street, Room 164
Phoenix, AZ 85007

AFFIDAVIT, DISCLOSURE, AND CONSENT FOR BACKGROUND AND CREDIT CHECK

Instructions: Return this signed and notarized affidavit with the application and/or notification request. No copies will be accepted.

Name: _____

Social Security Number: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Date of Birth: _____

Place of Birth: _____

If you have already disclosed the information below to the Arizona State Board for Charter Schools within the past year, AND since disclosing that information, you: 1) have NOT been convicted of nor pled “no contest” for any violation of law other than minor traffic offenses nor has a conviction been set aside; 2) have NOT been convicted of, admitted committing, and are not awaiting trial on any of the below criminal offenses (listed in question 2) in this state or similar offenses in another jurisdiction; and 3) have NOT since declared bankruptcy, then you DO NOT have to resubmit the information requested below on page two of this form. Please complete page one, sign page two and submit to the ASBCS.

If you have submitted this affidavit within one fiscal year for another charter, please indicate the name of the charter(s) and the date of the application(s).

Approved _____

ATTACHMENT E

AFFIDAVIT, DISCLOSURE, AND CONSENT FOR BACKGROUND AND CREDIT CHECK
PAGE TWO

With signature below, permission is hereby granted to complete the background and credit check of the individual above for the following Charter Holder(s):

Please check the appropriate answer to each question below

| | |
|--|---|
| <p>1. Have you ever been convicted of or pled “no contest” for any violation of law other than minor traffic offenses? If either event has occurred, you must answer YES. If the conviction has been set aside, the charges must be disclosed. Please give details on a separate signed, notarized and dated sheet.</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>2. Have you ever been convicted of, admitted committing, or are you awaiting trial on any of the following criminal offenses in this state or similar offenses in another jurisdiction: (1) Sexual abuse of a minor, (2) Incest, (3) First or second degree murder, (4) Kidnapping, (5) Arson, (6) Sexual assault, (7) Sexual exploitation of a minor, (8) Contributing to the delinquency of a minor, (9) Commercial sexual exploitation of a minor, (10) Felony offenses involving distribution of marijuana or dangerous or narcotic drugs, (11) Felony offenses involving the possession or use of marijuana or dangerous or narcotic drugs, (12) Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs, (13) Burglary in the first degree, (14) Burglary in the second or third degree, (15) Aggravated or armed robbery, (16) Robbery, (17) A dangerous crime against children as defined in ARS § 13-604.01, (18) Child abuse, (19) Sexual conduct with a minor, (20) Molestation of a child, (21) Manslaughter, (22) Aggravated assault, (23) Assault, or (24) Exploitation of minors involving drug offenses? If YES, submit certified court record and details of incident(s), signed, notarized and dated.</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>3. Have you ever declared bankruptcy? Please give details on a separate signed, notarized and dated sheet.</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |

I DO SOLEMNLY SWEAR OR AFFIRM THAT THE FORGOING INFORMATION PROVIDED BY ME FOR RECEIPT OF CHARTER SCHOOL STATUS OF THE ABOVE LISTED CHARTER SCHOOL(S) IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. FURTHERMORE, SHOULD ANY PART OF THE INFORMATION HEREIN PROVIDED PROVE TO BE FALSE, I RECOGNIZE THAT IT SHALL BE JUST CAUSE FOR DENIAL OR REVOCATION OF CHARTER STATUS OF THE ABOVE LISTED CHARTER SCHOOL(S) BY THE ARIZONA STATE BOARD FOR CHARTER SCHOOLS.

Applicant’s Signature _____

Subscribed and sworn before me this _____ day of _____ Year _____.
 County of _____ State of _____.
 Notary Public _____ My Commission Expires _____

Replication Application Checklist

(to be completed by the applicant and submitted as part of the application)

This document is similar to the Administrative Checklist used by the Arizona State Board for Charter Schools’ staff in determining if an application is complete. Any section not complete, including items left blank or unanswered or missing attachments, will result in an application being deemed INCOMPLETE. Notice of deficiencies will be sent to the applicant within 25 business days of receipt of application. **Incomplete applications will not be forwarded to the Board.**

Insert the page number where discussion of each item listed below begins within the application section indicated. Page ranges will not be accepted. Failure to submit a page number for required information will result in the application being deemed incomplete. Failure to provide accurate page numbers will result in application being deemed incomplete. Staff will review information submitted. Additional information may be requested based on review of initially requested documents, documentation provided, and the information contained in the existing charter contract.

| Submission requirements of the replication application and the components of the existing charter contract to be incorporated. | Page Number |
|--|--------------------|
| Title Page (Attachment A) | |
| Entity Information Sheet (Attachment B) | |
| Population/Location Sheet (Attachment C) | |
| A description of the schools program of instruction, as it supports replication, to include: | |
| The impact of the school’s philosophy on the success of the existing school | |
| Efforts in achieving the school’s mission | |
| Implemented methods of instruction and assessment as they support the information above and include discussion of mastery requirements, remediation efforts, and promotion/graduation requirements | |
| Demonstration that the existing charter has provided an additional academic choice for parents and pupils. Evidence must include a description of patterns of mobility and retention of students to include: | |
| A continuous increase in enrollment or maintenance of a consistent number of students over a three year period. | |
| The retention rate of students from one year to the next (for three or more years) when a subsequent grade level is offered, as it supports the target population and mission of the school. | |
| The enrollment practices of the school, including waiting lists, lotteries, etc. | |
| Specific demographic information and/or market analysis that supports replication of the existing charter within an identified target area/proposed area. | |

| Governance Structure: Consistency in governance and leadership. Description of the existing corporate and governance structure, and financial and operational processes that contributed to the high quality school that is being replicated and the consistency that will be maintained with the replication including: | | | | | |
|---|------------------------------------|-------------|--------------------------------------|---------------------------------|-------------------------------|
| The role of the corporate principals in the maintenance and operation of the school, | | | | | |
| The role and makeup of the governing body, | | | | | |
| The business structure, including the use of contracted services, if any, for financial and operational processes. | | | | | |
| Appropriate resumes, background information sheets, and fingerprint clearance cards | | | | | |
| Articles of Incorporation | | | | | |
| By-laws for the corporation | | | | | |
| Name | Description of role in school Pg # | Resume Pg # | Background sheet (Attachment D) Pg # | Fingerprint Clearance Card Pg # | Affidavit (Attachment E) Pg # |
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| Start Up Budget (Attachment G) | | | | | |
| Operating Budget (Attachment H) | | | | | |