Clear Form

Arizona State Board for Charter Schools

Letter of Intent Form

Review the criteria for eligibility, confirm eligibility, fill out the following information, and sign at bottom. Email completed form to charterschoolboard@asbcs.az.gov. Board staff will provide notification of eligibility within 15 business days of receipt.

Charter Holder Information	
Name of Charter Holder Entity	
Associated Charters and/or Schools	
Charter Representative Name	
Charter Representative Email	
Rationale for the transfer	

School Information	
Name of school that intends to transfer to its own charter	
Grades currently served	
Target start date for implementing transfer	

Check box below to indicate completion of eligibility review by charter holder	
☐	I understand that to be eligible to apply for a Transfer Charter, the following criteria must be met by the school being transferred to its own charter, each school operated by the Charter Holder requesting a transfer, and all Associated Schools and Associated Charters. I have reviewed all relevant dashboards and operational compliance, and found that these criteria have been met. • The school being transferred is currently operating and has a minimum Overall Rating of "Above Standard" on the academic dashboard in each of the last two years, • 75% percent or more of the schools operated by the Charter Holder requesting a transfer 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 is 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 transfer application 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: _____