



Arizona State Board for Charter Schools Replication Application Instructions

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Introduction

The mission statement of the Arizona State Board for Charter Schools (Board) is: "To improve public education in Arizona by sponsoring charter schools that provide quality educational choices." In the fall of 2006, the Board approved an application process for the replication of existing high quality charter schools. A need had been identified to establish an alternative application process for an existing charter that chooses to replicate its program without having to continue through the new application process. The purpose of the replication application is to streamline the application process for existing charters that have consistently demonstrated quality academic and operational performance and financial viability, as set by the Board's performance frameworks.

The Replication Application is based on the premise that the new charter will reflect the implementation of the existing educational program, corporate and governance structure, and financial and operational processes that have been successfully demonstrated in the Replication Model School. The applicant is required to acknowledge such consistency through specific statements and responses in the application package.

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Eligibility Criteria

Eligibility to expand using the Replication process is based on past performance as measured by the Board's Academic Performance Framework and compliance with the charter contract and state and federal law.

The Replication process is open to any charter holder that meets the eligibility criteria below.

- The Replication Model School (see Terms to Know) must currently be open and must have:
 - An Overall Rating on the Academic Dashboard of Meets or Exceeds in each of the last three years, and
 - Provided a program of instruction for the grade levels requested for replication and that the current Overall Rating include the grade levels requested, and
- Each school operated by the Charter Holder requesting replication that is eligible to receive an Overall Rating must have an Overall Rating of Meets or Exceeds on the most recent Academic Dashboard, and
- All Associated Schools¹ eligible to receive an Overall Rating must have an Overall Rating of Meets or Exceeds on the most recent Academic Dashboard, and
- The Charter Holder requesting replication and the Charter Holders of all Associated Schools must be in compliance in the following areas:
 - Currently not be having 10% withheld for failure to timely submit its most recent annual audit,
 - Be in “good standing” with the Arizona Corporation Commission,
 - Not have a repeat corrective action plan issue identified through the most recent annual audit,
 - If a special education corrective action plan is in place, be in compliance with the plan's requirements,
 - If applicable, have a “compliant” status reflected on the ADE's Grants Management website for each grant for the past four years,
 - If applicable, be in compliance with No Child Left Behind requirements,
 - If applicable, be in compliance with National School Lunch and Breakfast Programs requirements,
 - If applicable, be current in submitting employer and employee contributions and reports to the Arizona State Retirement System (ASRS), and
 - Be in compliance with local, state, and federal laws and their charter contract.

Transitional Academic Eligibility Criteria – until Fall 2014

Until such time as 3 years of Academic Dashboards are available (projected for September 2014), a phase-in plan will be implemented to apply the academic eligibility criteria during this transition period from the date of approval to the Fall 2014. A separate phase-in plan will be included for alternative schools that begin when the release of the FY13 state letter grades take place (projected for August 2013).

The following table provides the components to be used to determine academic eligibility and their specific timeframes for all traditional schools.

¹ The Board determined that certain Associated Schools could be excluded from the academic eligibility criteria. To be excluded, the Special Exclusions form found in the Attachments section must be submitted. The submission of the Special Exclusions form may extend the staff eligibility review timeframe by up to three weeks.

From May 2013 until the release of the FY13 state letter grades	
Replication Model School	Review <u>two</u> years of data: FY11 – A or B letter grade, and FY12 – Overall Rating of Meets or Exceeds on Academic Dashboard
Charter Holder Replicating	FY12 - All schools have Overall Rating of Meets or Exceeds on Academic Dashboard
Associated Schools	FY12 – All schools have Overall Rating of Meets or Exceeds on Academic Dashboard
From the release of FY 13 state letter grades to the development of the FY 13 Academic Dashboards	
Replication Model School	Review <u>three</u> years of data: FY11 – A or B letter grade, and FY12 – Overall Rating of Meets or Exceeds on Academic Dashboard, and FY13 – A or B letter grade
Charter Holder Replicating	FY13 – A or B letter grade for all schools
Associated Schools	FY13 – A or B letter grade for all schools
From the availability of the FY 13 Academic Dashboards (targeting September 2013) until the release of the FY 14 state letter grades	
Replication Model School	Review <u>three</u> years of data: FY11 – A or B letter grade, and FY12 & 13 – Overall Rating of Meets or Exceeds on Academic Dashboards
Charter Holder Replicating	All schools have Overall Rating of Meets or Exceeds on FY13 Academic Dashboards
Associated Schools	All schools have Overall Rating of Meets or Exceeds on FY13 Academic Dashboards
From the release of FY 14 state letter grades to the development of the FY 14 Academic Dashboards	
Replication Model School	Review <u>three</u> years of data: FY12 & 13 – Overall Rating of Meets or Exceeds on Academic Dashboard, and FY14 – A or B letter grade
Charter Holder Replicating	FY14 – A or B letter grade for all schools
Associated Schools	FY14 – A or B letter grade for all schools
Full implementation after September 2014, with the availability of the FY 14 Academic Dashboards	
Replication Model School	Review <u>three</u> years of data: Overall Rating of Meets or Exceeds on Academic Dashboards for FY 12, 13, and 14
Charter Holder Replicating	All schools have Overall Rating of Meets or Exceeds on FY14 Academic Dashboards
Associated Schools	All schools have Overall Rating of Meets or Exceeds on FY14 Academic Dashboards

The table below provides the components to be used to determine academic eligibility and their specific timeframes for alternative schools.

From the release of FY 13 state letter grades to the development of the FY 13 Academic Dashboards	
Replication Model School	Review <u>two</u> years of data: FY 12 – Overall Rating of Meets or Exceeds on Academic Dashboard, and FY 13 – Alt-A or Alt-B letter grade
Charter Holder Replicating	FY 13 – Alt-A or Alt-B letter grade for all schools
Associated Schools	FY 13 – Alt-A or Alt-B letter grade for all schools
From the availability of the FY 13 Academic Dashboards (targeting September 2013) until the release of the FY 14 state letter grades	
Replication Model School	Review <u>two</u> years of data: FY 12 & 13 – Overall Rating of Meets or Exceeds on Academic Dashboards
Charter Holder Replicating	All schools have Overall Rating of Meets or Exceeds on FY 13 Academic Dashboards
Associated Schools	All schools have Overall Rating of Meets or Exceeds on FY 13 Academic Dashboards
From the release of FY 14 state letter grades to the development of the FY 14 Academic Dashboards	
Replication Model School	Review <u>three</u> years of data: FY 12 & 13 – Overall Rating of Meets or Exceeds on Academic Dashboard, and FY 14 – Alt-A or Alt-B letter grade
Charter Holder Replicating	FY 14 – Alt-A or Alt-B letter grade for all schools
Associated Schools	FY 14 – Alt-A or Alt-B letter grade for all schools
Full implementation after September 2014, with the availability of the FY 14 Academic Dashboards	
Replication Model School	Review <u>three</u> years of data: Overall Rating of Meets or Exceeds on Academic Dashboards for FY 12, 13, and 14
Charter Holder Replicating	All schools have Overall Rating of Meets or Exceeds on FY 14 Academic Dashboards
Associated Schools	All schools have Overall Rating of Meets or Exceeds on FY 14 Academic Dashboards

Determining Eligibility

To determine whether your charter is eligible to expand using the Replication process:

- Review the Academic Dashboards and Letter Grades accordingly for all schools operated by the charter holder requesting replication and all Associated Schools. For further information about the Academic Performance Framework and Academic Dashboards, see the Academic Performance Framework and Guidance document, available on the Board's homepage. To retrieve the Academic Dashboards for all relevant schools, from the ASBCS homepage, click 'School resources,' then click 'Locating Academic Dashboards – Charter Representatives' and follow the instructions.
- Confirm operational compliance with all areas listed above for the charter holder requesting replication and all charter holders of all Associated Schools.
- Fill out the Replication Eligibility form (see Attachments). If you are eligible, submit the form electronically to Johanna Medina, Director of School Quality at johanna.medina@asbcs.az.gov.
- Fill out the Special Exclusions form (see Attachments) to determine if all or some of the Associated Schools can be excluded from the academic eligibility criteria review.

Additional academic performance information may become available after the submission of the Replication Application and prior to Board consideration. The most current academic data will be provided to the Board for its consideration of the application.

Timeframe

Process Stage	Standard	Expedited
Replication Eligibility Form Submission		
Replication Eligibility forms are accepted throughout the year under the Standard process. An expedited process is provided during a specific timeframe each year.	Accepted throughout the year.	Accepted from July 1 to July 31 only.
Staff Eligibility Review		
Once submitted, Staff will confirm eligibility, to include academic performance and operational compliance. Staff will determine whether the charter holder meets the Board's Financial Performance Expectations. The applicant will be notified within the timeframe if eligible to replicate and whether additional financial information will need to be submitted. Operational compliance will be confirmed throughout the review period.	Within 15 business days of submission.	By the last business day in August.
Replication Application Submission		
Replication application packages are accepted throughout the year for a charter holder that has been notified of eligibility. An expedited process is provided during a specific timeframe each year.	Accepted throughout the year.	Accepted by the last business day in September.
Administrative Review		
Once submitted, Staff will perform an administrative review. If the application package is Administratively Incomplete, the applicant will be notified within the timeframe, and the application will be closed. If the application package is Administratively Complete, the application will move forward to the substantive review process.	Completed within 15 business days of submission.	Completed by the 5th business day in October.
Substantive Review and Board Consideration		
<p>An Administratively Complete application package from an eligible charter holder will be reviewed for substantive completeness. A replication application package that has been deemed Substantively Complete will be forwarded to the Board.</p> <p>If a Replication Application package is deemed Substantively Incomplete, the charter holder will have 10 business days to submit the requested information.</p> <ul style="list-style-type: none"> • If the requested information is not submitted within 10 business days, or if the submitted information does not sufficiently address the deficiencies identified by staff, the application will be closed. • If the submitted information addresses the deficiencies identified by staff, the application will be deemed Substantively Complete and considered by the Board at the next scheduled Board meeting. 	Completed within 50 business days of submission, including Board consideration.	Complete by the last business day of October, including being placed on the scheduled November Board meeting.

Application Instructions

The Replication Application template is organized to obtain information efficiently and accurately to aid quality review and decision-making by the Board. The template is a Microsoft Word document with checkboxes and text boxes for the applicant to respond to questions. This application template is only for charter holders who have received notification of eligibility to replicate based on the review of a Replication Eligibility form submitted to Board staff.

As you complete this application, please keep in mind the importance of overall consistency of the application package. All information presented in the application package, if approved, becomes part of the charter contract and will be used for accountability purposes throughout the term of the charter.

1. Prepare your application package using the Replication Application template, attachments/forms, and submission process approved by the Board. This template is designed to be filled out and submitted electronically, on a CD-R or Flash Drive to the Board office, along with one paper copy.
2. Complete the entire application package, including all relevant sections.
3. Required components of these sections are intended to be brief (1-2 All major sections (Section 7. Target Population and Enrollment of New School, Section 9. Educational Plan, Section 10. Operational Plan, and Section 11. Business Plan) requiring narrative responses may be one-page in length for every section.
4. Ensure that every checkbox next to a statement of consistency is checked.
5. Use only attachments or template approved for the current version of the Replication Application (Approved **DATE**).
6. Complete the Replication Application Checklist to ensure you have completed all the required sections.
7. For attached documents, follow the Formatting Requirements outlined below.
8. Submit the application package to the Board office. The application package may be mailed to P.O. Box 18328, Phoenix, AZ 85009 or delivered in-person at 1616 W. Adams St., Suite 170, Phoenix, AZ 85007 during regular business hours.

Formatting Requirements:

- Only the following file types will be accepted: .pdf, .doc, .docx, .xls, .xlsx.
- Create a three-letter abbreviation for your entity/school name and use it at the beginning of each filename (e.g. ECS for Excelling Charter School).
- Name files with short, descriptive names.
 - For required exhibits, a brief summary (e.g. for floor plan #2 for Excelling Charter School, ECSfloorplan2.pdf).
 - For files relating to individuals (e.g. affidavit, resume), end each file name with the initials of the individual (e.g. for Jane Doe's resume for the Excelling Charter School application, ECSresumeJD.pdf).
 - For the Replication Application template, when completed, title it 'application' (e.g. for the Excelling Charter School application, ECSapplication.docx).
- Fonts must be no less than 11 point.
- The application calls for certain official documents to be scanned. Scanned documents must be no less than 100% of the original size, except for building floor plans or maps.
- Save all the files to an otherwise blank CD-R or flash drive. These will be kept by the ASBCS and will not be returned. Be sure to keep backup copies.

Terms to Know

- **Academic Performance Rating:** A representation of the data for each measure of the Academic Performance Framework in the form of a color-coded graphic, referred to as the Academic Dashboard. Can be found in the Document Management System (DMS) for the charter holder on ASBCSOnline.
- **Associated School:** A school operated by a charter holder that operates one or more other charter schools that contract with the same Education Service Provider; a school operated by the same charter holder but under different charter contracts; or a school operated by a charter holder with at least fifty (50) percent of corporate board officers, directors, members, or partners in common, as reflected by the charter contract.
- **Overall Rating:** A calculation of the total points received for each measure of the Academic Framework resulting in Exceeds Standard, Meets Standard, Does Not Meet Standard, or Falls Far Below Standard for each charter school operated by the charter holder. Found on the Academic Dashboard, as described in the Academic Performance Framework and Guidance, available on <http://asbcs.az.gov>.
- **Principal:** Any officer, director, partner, or member of the corporate board of the entity applying for a charter at the time of submission of the application package.
- **Replication Model School:** The school operated by the charter holder with the educational program, corporate and governance structure, and financial and operational processes which will be implemented in a new school through the replication process.
- **School Calendar:** A school may choose between three types of school calendar. Instruction must begin on or after July 1 and end no later than June 30.
 - **Standard:** A standard calendar, as described by A.R.S. § 15-341.01, consists of a traditional school calendar of one session per day meeting 4-5 days per week, or
 - **Alternative:** An alternative calendar, as described by A.R.S. § 15-797.D-E, generally only used for at-risk high school settings, with multiple sessions available on a given day, and/or a structured makeup day, or
 - **Extended:** An extended calendar, as described by A.R.S. § 15-902.04, provides two hundred days of instruction, with the annual instructional hours increased by 10%

1. Applicant Agreement

Print this sheet, complete and sign the spaces at the bottom, then scan and attach to your application. A Charter Representative of the eligible charter holder must sign the following agreement prior to submitting the application package. Should the agreement be signed by someone other than a Charter Representative, the application package will be deemed Administratively Incomplete.

I certify all information contained in this application is complete and accurate, realizing that any misrepresentation could result in disqualification from the replication application process or revocation after award. I understand that incomplete applications 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, and that the charter may be amended or modified by mutual agreement, in writing, of the parties pursuant to the terms of the charter contract when signed.

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 the most current academic data will be provided to the Board for its consideration of the application.

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 contract 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 number of days of instruction as approved in the application within the State's fiscal year that begins July 1st and ends June 30th.

Name of Current Charter Holder Entity

Name of New Entity (if applicable)

Name of Current Entity Charter Representative
(please print)

Name of New Entity Authorized Representative
(please print)

Signature of Charter Representative/ Date

Signature of Authorized Representative/ Date

2. Current Charter Holder Entity

Name of Charter Holder Entity eligible for Replication ('existing entity'): [Click here to enter text.](#)

Name of Replication Model School: [Click here to enter text.](#)

In the "Principal Information" section, complete and attach all requested documents for all officers, directors, members, or partners of the existing entity.

3. Replication Charter Holder Entity

In this section you will be providing information regarding the consistency in the corporate structure between the existing entity and the new entity. Answer the following question about the entity that will operate the new school by checking the appropriate box and completing any additional information requested.

Will the replication charter be held by the existing entity?

- Yes, the existing entity will hold the replication charter. (Skip Section A and go to Governance Structure.)
- No, a new entity will hold the replication charter. (Complete Section A below)

Section A: New Entity and Corporate Principals

- Statement of Consistency:** By checking this box, I understand and agree that the Replication Application process requires the organizational structure of the new entity to be consistent with the organizational structure of the existing entity.

Name of New Entity: [Click here to enter text.](#)

Name of Proposed Charter School: [Click here to enter text.](#)

Authorized Representative(s) for New Entity: [Click here to enter text.](#)

Authorized Representative Mailing Address: [Click here to enter text.](#)

City, State: [Click here to enter text.](#)

Zip: [Click here to enter text.](#)

County of Proposed School: [Click here to enter text.](#)

Authorized Representative Email: [Click here to enter text.](#)

Day Time Phone: [Click here to enter text.](#)

Fax (optional): [Click here to enter text.](#)

Form of Organization (check one):

Corporation

Partnership/LLC

Sole Proprietorship

Government/Tribal Entity

For-Profit/Non-Profit (check one):

For-Profit

Non-Profit

Section A: New Entity and Corporate Principals (continued)

Below, list the names and positions of all Principals (officers, members, directors, partners) of the new entity, and their positions. Also list any other current charters in which they act as a corporate principal or charter representative. Add rows as necessary.

Name	Position	Current Charter Affiliations

In the “Principal Information” section, complete and attach all requested documents.

Required Exhibits for Section A:

- A copy of Arizona filing required to conduct business in Arizona by the Arizona Corporation Commission or Arizona Secretary of State as per R7-5-201.
- A copy of current Corporate Bylaws/ Operating Agreement, as applicable.
- Minutes of the board of the existing entity authorizing application for replication.

4. Principal Information

If the Principal is a current Charter Representative or Principal of an operating charter and you believe current information is already on file with the Charter Board, email the Board office, and attach the confirmation email listing the documents currently on file.

For each Charter Representative, Authorized Representative, or Principal not having confirmed information on file, provide the following documents:

- Copy of VALID Arizona Fingerprint Clearance Card
- Signed and Notarized Affidavit, Disclosure, and Consent for Background and Credit Check
- Background Information Sheet Attachment (2 pages)
- Resume (2 pages max, without personal contact information)
- Verification of Coursework or Degree: if a postsecondary degree is noted on the Background Information Sheet and Resume, the principal must provide scanned copies of school transcripts with official seal or signature from the granting institution, or a watermarked report from the National Student Clearinghouse®(<http://www.studentclearinghouse.org>).

5. Governance Structure

The governing body of a charter school is responsible for the policy decisions of the school (A.R.S § 15-183.E8). In this section you will be providing information regarding the consistency in the governance structure between the existing entity and the new entity.

- Statement of Consistency:** By checking this box, I understand and agree that the Replication Application process requires the governance structure of the new school to be consistent with the governance structure of the Replication Model School.

Answer the following question by checking the appropriate box and completing any additional information requested.

How will the governance structure of the new school relate to the Replication Model School?

- The new school will be operated by the existing entity and have the same governing body as the Replication Model School. (Skip Section B and go to Education Service Providers.)
- The new school will be operated by a new entity described in Section A, which will act as the governing body. (Skip Section B and go to Education Service Providers.)
- The new school will be operated by the existing entity but with a new, separate governing body which will follow the same membership structure and responsibilities as the current governing body. (Complete Section B)
- The new school will be operated by a new entity described in Section A, and have a new, separate governing body which will follow the same membership structure and responsibilities as the current governing body. (Complete Section B)

Section B: New Governing Body

Indicate the make-up of this body below. Add rows as necessary.

Governing Body (Body responsible for the policy decisions of the school.) (A.R.S § 15-183.E8)				
Member Type	Number	Name	Name	Name
Corporate Principals				
School Staff				
Parents				
Community				
Other				

6. Education Service Providers

An Education Service Provider (ESP) is an organization that contracts with or has a governance relationship with the Applicant entity to provide comprehensive services. An ESP is considered to have a governance relationship with the Applicant if the Applicant is a subsidiary of the ESP, the Applicant board has members that are members or employees of the ESP, and/or the ESP has ultimate executive authority over the Applicant, including the power to appoint board members and/or close the school. An ESP is considered to have a contractual relationship if it will contractually provide operations and management to the Applicant, but the Applicant chooses the affiliation and is independent of the ESP.

In this section you will be providing information regarding the consistency in the Education Service Providers between the existing entity and the new entity. Answer the following questions regarding Education Service Providers (ESP) by checking the appropriate box and completing any additional information requested.

Does the existing entity have a relationship with an ESP?

- Yes – Contractual (Complete Section C.1)
- Yes – Governance (Complete Section C.2)
- No (Skip Section C and go to Target Population of New School)

Section C.1: Education Service Providers – Contractual Relationship

- Statement of Consistency: By checking this box, I understand and agree the Replication Application process requires that the contractual relationship of the replication charter with an ESP to be consistent with the contractual relationship of the existing entity with an ESP.

What is the name of the ESP? [Click here to enter text.](#)

Required Exhibits:

- Copy of the service agreement as executed between the existing entity and the ESP.

Section C.2: Education Service Providers – Governance Relationship

- Statement of Consistency: By checking this box, I understand and agree the Replication Application process requires that any governance relationship of the replication charter with an ESP to be consistent with the governance relationship of the existing entity with an ESP.

1. What is the name of the ESP? [Click here to enter text.](#)
2. Describe the nature of the governance relationship.
[Click here to enter text.](#)

Required Exhibits:

- List of all Arizona schools that the ESP currently manages.

7. Target Population and Enrollment of New School

In this section you will be providing information that supports the replication of the existing charter in an identified area or with an identified population.

- Statement of Consistency: By checking this box, I understand and agree that the Replication Application process requires the target population of the new school may be similar to the population of the Replication Model School, and that differences must be addressed in responses to the questions below.
- Statement of Consistency: By checking this box, I understand and agree that the Replication Application process requires the enrollment policies of the new school to be consistent with the enrollment policies of the Replication Model School, and that enrollment of students cannot begin until the charter is signed.

Grades Requested for Replication Charter Contract: [Click here to enter text.](#)

Grades Served in Year 1: [Click here to enter text.](#) Projected Enrollment Cap: [Click here to enter text.](#)

Grades Served in Year 2: [Click here to enter text.](#) Projected Enrollment Cap: [Click here to enter text.](#)

Grades Served in Year 3: [Click here to enter text.](#) Projected Enrollment Cap: [Click here to enter text.](#)

School Calendar Type: [Click here to enter text.](#) (Standard, Extended, or Alternative)

If Alternative, describe in ten words or less: [Click here to enter text.](#)

Instructional Days: [Click here to enter text.](#)

Target Start Date: [Click here to enter text.](#)

Provide a clear, specific and concise response about the proposed target population. The expected page length for all five questions is no more than two pages.

1. Describe the population of the Replication Model School, including the demographic profile, academic performance of students entering the school, and distance travelled by current students.
[Click here to enter text.](#)
2. Identify the target population of the proposed school, demonstrating a clear understanding of the students the school intends to serve, including whether the students will be primarily neighborhood or commuter, current levels of academic performance, and a demographic profile.
[Click here to enter text.](#)
3. Describe the market analysis that supports the successful enrollment of the projected student count from the target population.
[Click here to enter text.](#)
4. Describe the enrollment practices, processes, and policies of the existing school, as per A.R.S. § 15-184.
[Click here to enter text.](#)
5. Describe the enrollment timeframe that will be implemented by the proposed school, to be shared with the public.
[Click here to enter text.](#)

8. Facility Acquisition for New School

Answer the following questions regarding facility acquisition by checking the appropriate box and completing any additional information requested.

Has a confirmed facility been acquired for the new school?

Yes (Complete Section D.1)

No (Complete Section D.2)

Section D.1: Confirmed Facility

Address of Confirmed Facility:

[Click here to enter text.](#)

Description of Facility Size and Layout:

[Click here to enter text.](#)

Required Exhibits:

- Floor Plan or Layout of confirmed facility.

Section D.2: Planned Facility

1. Identify the proposed location of new school by providing cross streets that would be the center of a 2.5 mile radius.

[Click here to enter text.](#)

2. Describe the facility size and layout suitable for implementing the Educational Plan.

[Click here to enter text.](#)

3. Describe the timeline for acquiring a suitable facility by the start date identified in Section 7.

[Click here to enter text.](#)

9. Educational Plan

To ensure that the charter contract for the Replication charter reflects the current practices of the existing entity and Replication Model School, provide a clear, specific and concise response regarding the existing Educational Plan, as it supports replication. The expected page length for all five questions is no more than two pages.

Provide a statement describing the mission of the new school: [Click here to enter text.](#)

- Statement of Consistency:** By checking this box, I understand and agree that the Replication Application process requires the Educational Plan of the new entity and school to be consistent with the Educational Plan of the existing entity and Replication Model School.
1. Provide a description of the charter holder's philosophical approach to improving pupil achievement. Include how this philosophy has impacted the success of the existing school. If a different population will be served in the new school, how does this philosophical approach apply?
[Click here to enter text.](#)
 2. Describe the existing program of instruction of the current school, including methods of instruction and curriculum for the core academic content areas, which supports this philosophy and aligns to Arizona Academic Standards.
[Click here to enter text.](#)
 3. Present an explanation of how the implementation of the existing program of instruction meets the needs of the proposed target population.
[Click here to enter text.](#)
 4. Describe the level of proficiency that students must obtain to demonstrate mastery of academic core content and clear criteria for promotion from one level to the next.
[Click here to enter text.](#)
 5. If your school serves a high school population, identify graduation requirements for the school that will meet State requirements. Describe the process and criteria for awarding course credit.
[Click here to enter text.](#)

Required Exhibit: (for schools offering high school grades only)

- Menu of course offerings including course titles and brief descriptions.

10. Operational Plan

Provide a clear, specific and concise response regarding the operational plan for the entity requesting replication. The expected page length for all three questions is no more than one page.

1. Describe the organization's strategic growth plan and desired outcomes over the next five years in Arizona. Include: number of schools with grades served including expansion progression, projected opening dates, and projected number of students served.
[Click here to enter text.](#)
2. Summarize the organization's capacity to support the quality and long-term academic and operational success and financial viability of the replication school, and proposed growth of the school over the next three years.
[Click here to enter text.](#)
3. Discuss your operational capacity to open and operate schools successfully, including lessons learned from past expansion, and how you plan to avoid or minimize challenges in the replication school.
[Click here to enter text.](#)

DRAFT

11. Business Plan

The Financial Performance Framework gauges both near-term financial health and longer term financial sustainability, and is described in the Financial Performance Framework and Guidance document, available on <http://asbcs.az.gov>. An existing entity that receives one or more “Falls Far Below Standard” and/or two or more “Does Not Meet Standard” does not meet the Board’s financial performance expectations and must submit additional information as part of its replication application.

Answer the following questions regarding the financial performance of the existing entity by checking the appropriate box and completing any additional information requested.

Does the financial performance of the existing entity meet the Board’s financial performance expectations?

Yes (Skip Section E and go to Principal Information)

No (Complete Section E)

Section E: Business Plan for Expansion

Provide a clear, specific and concise response regarding budgets and finances.

Required Attachments:

- Financial Performance Information: As described on page 13 of the Financial Performance Framework and Guidance document, address each Financial Performance Framework measure where the existing entity received a “Falls Far Below Standard” or “Does Not Meet Standard.”
- Start-Up Budget: Provide a budget to cover expenses projected to occur during the start-up period (Until August 1 of the year the school opens).
- Three Year Operational Budget: Provide a budget to cover expenses projected to occur during the first three years of operation.
- Assumptions: For each budget, provide a separate document describing assumptions for each line item, to include disaggregated costs, and basis for determining for those costs. Demonstrate through the assumptions that the amounts listed are viable and adequate for the start-up period and first three years of operation.

Note: Templates for the Budgets will be provided as separate Excel files and are located at http://asbcs.az.gov/applicant_resources.

12. Checklist for Replication Application

Ensure you have completed all these steps before submitting your application to the ASBCS

- Completed, signed and attached the “Applicant Agreement” form
- Completed “Current Charter Holder Entity” section
- Completed “Replication Charter Holder Entity” section, with all applicable exhibits
- Attached all documents specified in the “Principal Information” section for all Charter Representatives, Authorized Representatives, and Principals
- Completed “Governance Structure” section
- Completed “Education Service Providers” section, with all applicable exhibits
- Completed “Target Population and Enrollment of New School”
- Completed “Facility Acquisition for New School” section, with all applicable exhibits
- Completed “Educational Plan” section, with all applicable exhibits
- Completed “Operational Plan” section
- Completed “Business Plan” section, with all applicable attachments
- Named all files according to the “Formatting Requirements” described in this application
 - Burned files to a CD-R/RW copied files to a flash drive
 - Backed up all files on your computer
 - Delivered the CD-R/flash drive containing application files to the ASBCS office with one paper copy of the complete application package

Attachments

- Print or copy the following forms as needed.
- Refer to the Formatting Requirements when attaching files to the application.
- These blank form templates may be deleted from your application file when complete.

On **DATE**, the Board approved the Replication Application, which includes templates and attachments designated by the Board. Templates and attachments must not be altered from the approved content, format and sequence approved on **DATE**. A replication application package may be deemed administratively incomplete if it contains modifications to the content, format or sequence of the templates or attachments or if it contains templates or attachments that were approved for use in a prior fiscal year.



Arizona State Board for Charter Schools

Replication Eligibility

Review the Eligibility Criteria section on page 2, confirm eligibility, fill out the following information, sign at bottom, and deliver to the Board office. This form can be mailed to P.O. Box 18328, Phoenix, AZ 85009, submitted in-person at 1616 West Adams St., Suite 170, Phoenix, AZ 85007, or emailed to johanna.medina@asbcs.az.gov. Processing of this form may take 3 weeks.

Applicant Information	
Name of Charter Holder Entity	
Replication Model School	
Associated 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	
<input type="checkbox"/>	<p>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, and all Associated Schools. I have reviewed all relevant Academic Dashboards, state letter grades (until the Board has three Academic Dashboards, the transitional academic eligibility criteria has been applied), and operational compliance, and found that these criteria have been met.</p> <ul style="list-style-type: none"> The Replication Model School is currently operating and has an Overall Rating on the Academic Dashboard of Meets or Exceeds in each of the last three years, and 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, and Each school operated by the Charter Holder requesting replication that is eligible to receive an Overall Rating has an Overall Rating of Meets or Exceeds on the most recent Academic Dashboard, and All Associated Schools* eligible to receive an Overall Rating have an Overall Rating of Meets or Exceeds on the most recent Academic Dashboard, and The charter holder requesting replication and the charter holders of all Associated Schools are currently in compliance with all areas listed in the, Eligibility Criteria section of the Replication Application.

Signature (Replace the [brackets] with the requested information.)
<p>I, [Charter Representative's Name], acting on behalf of [Charter Holder Entity], request to participate in the replication process for [Name of Replication Model School]. I believe [Charter Holder Entity] 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.</p> <p>Signed: _____ Date: _____</p>

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



Arizona State Board for Charter Schools

Special Exclusions for Associated Schools

Choose the appropriate option that describes why an Associated School should be excluded from the academic eligibility criteria review. Once completed, include this form with the completed Replication Eligibility. The submission of the Special Exclusions form may extend the staff eligibility review timeframe by up to three weeks.

Applicant Information	
Name of Charter Holder Entity	
Replication Model School	

An Associated School may be excluded for academic performance purposes when one or more of the following conditions are met:
<ol style="list-style-type: none"> 1. An Associated School is in its 1st year of operation and currently does not have state assessment data. 2. An Associated School is in its 2nd year of operation, serving grades K-3 and received a “No Rating” on its Academic Dashboard because the school was serving only grades K-2 in its first year. 3. An Associated School received a “No Rating” in its most current Academic Dashboard because it was too small and the combined weight of rated measures was less than 65%, but their current student enrollment is within 10% of the projected site enrollment and they received an A or B letter grade in the current year. 4. An Associated School is in its 2nd or 3rd year of operation, serving any grades, and received a “Does Not Meet” in their most current Academic Dashboard but received a “Meets” score in all SGP measures for Math and Reading. 5. An Associated School has a reportable ELL population greater than 22% and operates an SEI model in 50% or more of their grades served and the ELL population of the Replication Model School and the targeted population of the replication school is projected to be less than 22% ELL. 6. An Associated School has an ESS population that is over 13 percent and is at least 5 percentage points higher than the ESS population of the Replication Model School and the target population of the replication site. 7. An Associated School has a FRL population that is over 67 percent and is at least 25 percentage points higher than the FRL population of the Replication Model School and the target population of the replication site.

For each Associated School listed in the Applicant Information section of this document that meets one or more of the conditions above, list the name of the school and the corresponding number for exclusion.

School Name	Exclusion Code(s)
ABC School	1 (include as many codes as applicable)

Add rows as necessary.

Affidavit, Disclosure, and Consent for Background and Credit Check

Complete this form for each Charter Representative or Principal identified in the replication application. Duplicate as needed and print each form separately. Have each form signed and dated by the Charter Representative or Principal and notarized.

Name: [Click here to enter text.](#)

Social Security Number*: [Click here to enter text.](#)

Street Address: [Click here to enter text.](#)

City: [Click here to enter text.](#)

State: [Click here to enter text.](#)

Zip: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

Date of Birth: [Click here to enter text.](#)

Place of Birth: [Click here to enter text.](#)

With signature below, permission is hereby granted to complete the background and credit check of the individual named above for the following Charter Holder Entity: [Click here to enter text.](#)

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. Give details on a separate signed, notarized and dated sheet.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<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 A.R.S. § 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>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>3. Have you ever declared bankruptcy? Give details on a separate signed, notarized and dated sheet.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>

I DO SOLEMNLY SWEAR OR AFFIRM THAT THE FORGOING INFORMATION PROVIDED BY ME FOR THE ABOVE LISTED APPLICANT(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 THE CHARTER FOR THE ABOVE LISTED APPLICANT(S) BY THE ARIZONA STATE BOARD FOR CHARTER SCHOOLS.

Applicant's Signature _____

Notary: Subscribed and sworn before me this _____ day of _____ Year _____

County of _____

State of _____

Notary Public Signature _____

My Commission Expires _____

*The voluntary disclosure of your social security number is requested by the Arizona State Board for Charter Schools pursuant to its legislative authorization under A.R.S § 15-182.(E) in order to verify the information supplied in your charter application and to determine your qualifications to operate a charter school. No statute or other authority requires that you disclose your social security number for that purpose. Failure to disclose your social security number may, however, result in a denial of your charter application or amendment.

Background Information Sheet (Replication)

Provide the following information for each Charter Representative or Principal listed in the replication application. This form may be duplicated 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 you have lived in within the past seven years, including your current address.

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

* The voluntary disclosure of your social security number is requested by the Arizona State Board for Charter Schools pursuant to its legislative authorization under A.R.S § 15-182€ in order to verify the information supplied in your charter application and to determine your qualifications to operate a charter school. No statute or other authority requires that you disclose your social security number for that purpose. Failure to disclose your social security number may, however, result in a denial of your charter application or amendment.

Background Information Sheet (Replication) PAGE TWO

Charter Representative/ Principal Name: [Click here to enter text.](#)

List the highest-level post-secondary institution attended and degree earned or coursework/ certification completed. If no post-secondary education is indicated on your resume, then write N/A in "Institution Name".

Institution Name	Dates Attended	Degree Earned	Major
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List the last FIVE YEARS of employment. Describe any gaps in employment within the last five years.

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

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

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

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

Duplicate and add more employment fields as necessary.