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| GreatSealHawaii_Large.jpg | **State Public Charter School Commission**  **2018 Applicant Information Sheet** |
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# APPLICANT INFORMATION SHEET

## Applicant Summary

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| **Proposed School** | | |
| Name: Click or tap here to enter text. | | |
| School Type:  Start-Up Charter School  Conversion Charter School, Name of DOE school to be converted: | | |
| Geographic Location: Click or tap here to enter text. | | |
| Grades Served Year 1 (SY 2020-2021): Click or tap here to enter text. | | |
| Grades Served at Capacity: Click or tap here to enter text. | | |
| Mission: Click or tap here to enter text. | | |
| Vision: Click or tap here to enter text. | | |
| What unique educational opportunities will your school provide? Click or tap here to enter text. | | |
| Describe the key components of the educational model, including a brief explanation of how it will drive success for the identified student population. Click or tap here to enter text. | | |
| Describe the expected outcomes for the students in both the short run—after they graduate from your school—and in the long run as adults. Click or tap here to enter text. | | |
| **Primary Contact Information** | | |
| Name: Click or tap here to enter text. | | |
| Phone: Click or tap here to enter text. | | |
| Email: Click or tap here to enter text. | | |
| **Proposed School Description** | | | |
| School Model Specialty (check all that apply) | Alternative  Arts  Career and Technical Education  Cultural Focus (*specify*):  Disability (*specify*): | Language Immersion (*specify*):  Montessori  STEM  Virtual or Blended Learning  Other (*specify*): | |

If the applicant is contracting or partnering with a Service Provider, fill out the table below.

|  |  |
| --- | --- |
| **Service Provider Information** *(if applicable)* | |
| Service Provider (includes existing charter school operators) | Name: Click or tap here to enter text.  Primary Contact: Click or tap here to enter text.  Mailing Address: Click or tap here to enter text.  Phone: Click or tap here to enter text.  Email: Click or tap here to enter text. |

Does the applicant currently operate charter schools in Hawaii or any other state?

Yes (*if so, complete this table, adding lines as needed)*  No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **State** | **Authorizer** | **School Name** | **Grades Served** | **Opening Date** |
|  |  |  |  |  |
|  |  |  |  |  |

Does the applicant, any members of the Applicant Governing Board, or any Service Providers of the applicant have charter school applications under consideration by any other authorizer(s) in the U.S.?

Yes (*if so, complete this table, adding lines as needed)*  No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **State** | **Authorizer** | **Proposed School Name** | **Application Due Date** | **Decision Date** |
|  |  |  |  |  |
|  |  |  |  |  |

Does the applicant, any members of the Applicant Governing Board, or any Service Providers of the applicant have any new schools scheduled to open in the U.S. in the next five years?

Yes (*if so, complete this table, adding lines as needed)*  No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **State** | **Authorizer** | **Proposed School Name** | **Grades Served** | **Opening Date** |
|  |  |  |  |  |
|  |  |  |  |  |