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| GreatSealHawaii_Large.jpg | **State Public Charter School Commission****2020 Applicant Information Sheet****Application Due:** February 4, 202212:00 Noon, Hawaii Standard Time*Please direct questions to:* Applications@spcsc.hawaii.gov |
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# APPLICANT INFORMATION SHEET

1. Applicant Summary

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| **Proposed School** |
| Name: Click or tap here to enter text. |
| School Type: Click or tap here to enter text. [ ]  Start-Up Charter School [ ]  Conversion Charter School, Name of DOE school to be converted: Click or tap here to enter text.  |
| Geographic Location: Click or tap here to enter text. |
| Grades Served Year 1 (SY \_\_\_\_\_\_\_\_): Click or tap here to enter text. |
| Grades Served at Capacity: Click or tap here to enter text. |
| Commission’s Priority Need(s) the proposed school will address, if applicable:Click or tap here to enter text. |
| (If not addressing a Priority Need) Other significant, documented educational need the proposed school will address:Click or tap here to enter text. |
| Mission Statement (limit 100 words):Click or tap here to enter text. |
| Enrollment Preferences or Priorities, if any (consistent with HRS **§302D-34):**Click or tap here to enter text. |
| **Primary Contact Information** |
| Name: Click or tap here to enter text. |
| Current Employer and Position/Title: Click or tap here to enter text. |
| Expected Role with the Proposed School: Click or tap here to enter text. |
| Phone: Click or tap here to enter text. |
| Email: Click or tap here to enter text. |
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| **Proposed School Description** |
| School Model/Focus (check all that apply) | [ ]  Alternative[ ]  Arts[ ]  Blended Learning[ ]  Career and Technical Education[ ]  Cultural Focus (*specify*):[ ]  Disability (*specify*): | [ ]  Language Immersion (*specify*):[ ]  Montessori[ ]  STEM[ ]  Virtual Learning[ ]  Other (*specify*): |

*(If identified)* Provide information below about the proposed School Director, and include in **Attachment A1** the individual’s professional biography and full resume (including contact information).

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| **Proposed School Director** (if identified) |
| Name: Click or tap here to enter text. |
| Current Employer and Position/Title: Click or tap here to enter text. |

Below, list the members of the Applicant Governing Board and the relevant expertise they bring to the board. In **Attachment A2,** include professional biographies and full resumes (including contact information) for each member of the Applicant Governing Board. Applicant Governing Boards must meet the requirements of HRS §302D-12. At a minimum, the Applicant Governing Board must possess expertise in **academic and financial management and oversight, best practices in nonprofit governance, human resources, and fundraising**. Other recommended areas of expertise for the board include legal expertise, community relations, and facilities development. *(Add lines to table as needed)*

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| **Applicant Governing Board Members**  |
| **Name** | **Current Employer & Position/Title:** | **Relevant Expertise for the Board** |
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If the applicant is planning to contract or partner with a Service Provider, fill out the table below.

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| **Service Provider Information** *(if applicable)* |
| Education 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

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| **State** | **Authorizer** | **School Name** | **Grades Served** | **Opening Date** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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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

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

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