**Notice of Intent to Apply for an**

**Arkansas Public Charter School License**

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| **Type of Charter:** | Open-Enrollment  District Conversion |
| **Proposed Charter School Name:** |  |
| **Proposed Location:** |  |
| **School District Where Charter Will be Located:** |  |
| **Grade Levels Served:** |  |
| **Enrollment Cap:** |  |
| **Name of Contact for Application:** |  |
| **Contact Cell and Office Numbers:** |  |
| **Contact Email:** |  |
| **Focus Area:** | Traditional  Alternative Learning Environment  Virtual  College Prep  Credit Recovery  Other: |

**Provide a brief description of the purpose or emphasis of the school:**

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| **Printed Name:** |  | **Title:** |  |
| **Signature:** |  | **Date:** |  |