

CHARTER SCHOOL OFFICE ROOM 5N EB Mezzanine, 89 WASHINGTON AVENUE, ALBANY NY, 12234 Tel. 518/474-1762; Fax 518/474-7558; <u>charterschools@nysed.gov</u>

To:

From:

Subject:

Date:

Name of Charter School: BEDS Code: District/CSD of Location: Type of Request: Ourrent Charter Term: Proposed New Charter Term Management Company: Partner(s): Ourrent Grades Served: Ourrent Grades Served: Ourrent Maximum Approved Enrollment: Proposed Revision(s):

must be held within 30 calendar days of receipt of this letter

time of dissemination