



TRI-COUNTY EDUCATIONAL SERVICE CENTER

Pre-Application

Deadline April 30, _____

CONVERSION COMMUNITY SCHOOL SPONSORSHIP

Name of Proposed School: _____

Primary Contact Person/Role: _____

Address: _____

City/State/Zip: _____

Daytime Phone: () _____ Evening/Mobile: () _____ Facsimile: () _____

E-Mail Address: _____

Brief Description of Proposed School (for media distribution): _____

Is the School Currently operating: _____ If not anticipated date of opening: _____

Proposed grades: _____ Enrollment Number: _____

Proposed School Location/Address: _____

Local School District in which school will be located: _____

Intermediate School District in which school will be located: _____

Location is: Metro Major Urban Suburban Small Town Rural

Will you be using a Management Company/? If yes please provide the name of the company.

Indicate if proposed school currently operates as a traditional, private, charter school, or conversion community school: _____

If operating as a charter school or conversion community school, please list current authorizer: _____

Please list the authorizers/sponsors whose consideration you are currently seeking: _____

I hereby certify the information is complete and accurate to the best of my knowledge and acknowledge my obligation to inform Tri-County Educational Service Center Office of any material changes.

Signature of Applicant

For Office Use Only
Date Received
Interview Date: _____