



TRI-COUNTY EDUCATIONAL SERVICE CENTER

Pre-Application

Deadline January 1, _____

Sponsorship for Replicated Conversion Community School

Name of School: _____ IRN _____

Primary Contact Person/Role: _____

Address: _____ City/State/Zip _____

Daytime Phone () _____ Evening/Mobile () _____

FAX () _____ Email _____

Name of Current Sponsor: _____

Primary Contact Person/Title _____

Address: _____ City/State/Zip _____

Daytime Phone () _____ Evening/Mobile () _____

FAX () _____ Email _____

Current location of School: _____

Years school has been operating: _____

Current Enrollment _____ Grade Levels served _____

Enrollment for each grade level currently served: _____

Does the school use a management company: _____ If Yes.

Name of Management Company: _____

Primary Contact Person/Title _____

Address _____ City/State/Zip _____

Daytime Phone () _____ Mobile () _____ FAX () _____ /Email _____

Proposed date of replication _____

Description of replication: _____

Please list all other sponsors/authorizers from who you are currently seeking consideration for this replication

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: _____