|  |  |
| --- | --- |
|  | **South Carolina**  **Public Charter School Application**  **2017 Letter of Intent to Apply** |

All applicants shall submit a ***Letter of Intent*** at least **ninety days** before submitting an application to the board of trustees or area commission from which it is seeking sponsorship **and** a copy to the South Carolina Department of Education (SCDE). This provides formal notice that the planning group/non-profit listed intends to submit a proposal for a charter school to open in the fall of 2017, or later. All information presented on this notice is non-binding. As with all aspects of the charter application, the ***Letter of Intent*** is public information and will be made available on the SCDE Charter Schools Webpage. Again, a copy of this Letter of Intent should be submitted to the intended sponsor **and** the South Carolina Department of Education.

|  |  |  |
| --- | --- | --- |
| Sponsor to which you are applying: |  | Name of School (if determined): |
| Click here to enter text. |  | Click here to enter text. |
| Intended location of school: |  | Name of Non-Profit Applicant/Organization: |
| Click here to enter text. |  | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Primary Contact Information** | | |
| Name of Planning Committee Chair: |  | Committee Chair mailing address: |
| Click here to enter text. |  | Click here to enter text. |
|  |  |
| Committee Chair phone number: |  | Committee Chair e-mail: |
| Click here to enter text. |  | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Proposed School Information**  *Complete the following information if determinations have been made* | | |
| Grade levels offered in **first year**: |  | Grade levels offered at **build out:** |
| Click here to enter text. |  | Click here to enter text. |
| Number of students in **first year**: |  | Number of students at **build out**: |
| Click here to enter text. |  | Click here to enter text. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year intending to open: | | | YYYY-YYYY |  | |
| Type of School:  *(Choose from the drop-down menu below)* | | | | | |
|  | Choose an item. |  | | | |
| Model of School:  *(Choose from the drop-down menu below)* | | | | | |
|  | Choose an item. |  | | | |
| Are you contracting with an Education or Charter Management Organization?  *(Choose from the drop-down menu below)* | | | | | |
|  | Choose an item. |  | | | |
|  | If yes, name of EMO/CMO: | | | |  |
|  | Click here to enter text. | | | |  |
| Focus of the school (ex: at-risk, STEM, arts, Montessori, Single-Gender, etc.), if applicable: | | | | | |
| Click here to enter text. | | | | | |

|  |  |
| --- | --- |
| I certify that I have the authority to submit this Letter of Intent and that all information contained herein is complete and accurate. I recognize that any misrepresentation could result in disqualification from the application process or revocation after authorization. The person named as the contact person for the application is so authorized to serve as the primary contact for this application on behalf of the organization. | |
| Signature of Primary Contact: Click here to enter text. | Date: Click here to enter a date. |

|  |
| --- |
| *This form should be submitted to the SCDE* ***and*** *the intended sponsor. Applicants may submit the LOI to the SCDE by e-mailing it to* [*CharterSchools@ed.sc.gov*](mailto:CharterSchools@ed.sc.gov) *or mail a paper copy to:*  **South Carolina Department of Education**  **Attn: Charter Schools Program**  **Office of School Transformation**  **1429 Senate Street**  **Room 603-D**  **Columbia, SC 29201** |