

## **CHARTER SCHOOL PETITION INTAKE INFORMATION**

(Must be completed by petitioner)

SCHOOL INFORMATION								
Name of Pro	oosed Charter School							
Nonprofit Corporation								
Charter Management Organization (CMO)								
School District of Facility Location _								
Proposed Grade Span Year 1								
Total Students Year 1			Total Students Year 5					
PETITIONER INFO	PRMATION							
Name Petitioner 1			Email					
Proposed Title			Phone					
Mailing Address	Street	City		Zip Code				
Name Petitioner 2			Email					
Proposed Title			Phone					
	Street			Zip Code				
Facility Information								
Has facility been secured	1?							
Yes Facil	ity AddressStreet		City	Zip				
No Facility Being (Include Prop								
•	Street		City	Zip				

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## **Related Business Organizations and Other Corporate Affiliations**

If a board member, school leader or petition development team member has an affiliation or connection with another authorized, denied, revoked, or in progress charter school petition, please provide a description of the connection, including the name of school(s).							
				the charter school, including four and to what extent, those entities			
participate in operating the cha	arter school (use ad	lditional pages i	f necessary).				
Related or Affiliate	ed Entity Name						
Conta	ct Information						
Services to be Pr	ovided (if any)						
Related or Affiliate	d Entity Name						
Contac	t Information						
Services to be Pr	ovided (if any)						
Services to be Pr	ovided (if any)						
Petition Review and P	resentation Ti	melines (OC	CDF Use Only)				
			,				
County	Petition	Coun	tywide Petition	Appeal Peti	tion		
District that Denied Pe	tition (if on appeal	) or District(s) W	here Charter School P	roposes to Locate (countywide):			
-				<del></del>			
Submission	n	Dublic Hearing		Board Action			
		ublic Hearing _		Dodia Action			
Extension Requested?	No	Yes	How many days?				

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