**CSI Transfer School Application Cycle**

**Letter of Intent**

This document should be completed in its entirety and submitted to CSI as early as possible prior to submitting the Expansion application. Please submit form via email to [authorization\_CSI@csi.state.co.us](mailto:authorization_CSI@csi.state.co.us)

**Applicant Eligibility**

Please be sure you meet the following eligibility requirements:

* Be one or more individuals, a nonprofit, governmental, or other entity or organization (C.R.S. 22-30.5-510);
* Be organized as a Colorado non-profit organization (C.R.S. 22-30.5-105);
* Operate a current charter school

**Primary Contact for Application**

**Name:**

**Email Address:**

**Phone Number:**

**Address (Street, City, State, Zip):**

**School Information**

**School Name:**

**School Leader:**

**Educational Model** (i.e. Core Knowledge, Montessori, etc.)**:**

**Geographic District** (i.e. school district in which the school is located)**:**

**Are you applying to another authorizer (in addition to CSI)?** **No** **Yes. List authorizer here:**

**School Program Information**

**Vision**

**Mission**

**Brief Description of the School**

**Current and Projected Enrollment**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **School Year** | **Pupil Count** | **Grade Levels Served** |
| **Current** | 20  -20   school year |  | Pre-K K 1 2 3 4 5 6  7 8 9 10 11 12 |
| **Projected (if applicable)** | 20  -20   school year |  | Pre-K K 1 2 3 4 5 6  7 8 9 10 11 12 |

**Current Demographics**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **% Minority** | **% Free/Reduced Lunch Eligible** | **% Special Education** | **% English Learner** | **% Gifted/ Talented** |
|  |  |  |  |  |