

**ARKANSAS DEPARTMENT OF EDUCATION
CHARTER SCHOOL OFFICE**

2014-2015 SIGNIFICANT EXPANSION

Submit by Monday, June 2, 2014

Name of Charter School: _____

LEA Number of Expanding School:

District _____

Elementary _____

Middle _____

High _____

Grades to be served in 2014-2015: _____

Reason for Significant Enrollment Expansion:

Authorizer Approved Increase to Enrollment Cap: Increase from _____ students to _____

Other -- Explain:

Contact Person: _____

Phone Number for Contact Person: _____

E-mail Address for Contact Person: _____

Name of Person Completing this Report: _____

Title of Person Completing this Report: _____

Date Submitted: _____ **SUBMIT BY JULY 10, 2014**

**Clicking the button below will submit the form via email to the ADE Charter School
Office at ade.charterschools@arkansas.gov.**

Submit by Email