

**ARKANSAS DEPARTMENT OF EDUCATION  
CHARTER SCHOOL OFFICE**

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**2014 SUMMER CONTACT INFORMATION**

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Name of Charter School:

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Contact Person for the Charter School during summer:

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Address for Contact Person:

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Phone Number for Contact Person: \_\_\_\_\_

E-mail Address for Contact Person:

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Will you be holding summer school?       Yes       No

If yes, please list dates: \_\_\_\_\_

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**CHARTER SCHOOL INFORMATION FOR 2014 -2015 SCHOOL YEAR**

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Name of School: \_\_\_\_\_

LEA Numbers: District \_\_\_\_\_

Elementary \_\_\_\_\_

Middle \_\_\_\_\_

High \_\_\_\_\_

Grades to be served in 2014-2015: \_\_\_\_\_

When will school session begin? \_\_\_\_\_

Enrollment CAP for 2014-2015 : \_\_\_\_\_

School Phone Number: \_\_\_\_\_

School Fax Number: \_\_\_\_\_

School Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

School Website: \_\_\_\_\_

Name of Director: \_\_\_\_\_

Director's Email Address: \_\_\_\_\_

Name of Principal: \_\_\_\_\_

Principal's Email Address: \_\_\_\_\_

Date that the first quarter of the 2014-2015 school year ends \_\_\_\_\_

Date that the second quarter of the 2014-2015 school year ends \_\_\_\_\_

Date that the third quarter of the 2014-2015 School year ends \_\_\_\_\_

Date that the fourth quarter of the 2014-2015 School year ends \_\_\_\_\_

**SUBMIT BY MONDAY, JUNE 9, 2014**

**Clicking the button below will submit the form via email to the ADE Charter School  
Office at [ade.charterschools@arkansas.gov](mailto:ade.charterschools@arkansas.gov).**

**Submit by Email**