ARKANSAS DEPARTMENT OF EDUCATION
CHARTER SCHOOL OFFICE

2015-2016 SIGNIFICANT EXPANSION

Submit by Monday, June 1, 2015

Name of Charter School: _____

LEA Number of Expanding School:

District _____

Elementary _____

Middle _____

High _____

Grades to be served in 2015-2016: _____

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 JUNE 1, 2015**