

**ARKANSAS DEPARTMENT OF EDUCATION
CHARTER SCHOOL OFFICE**

2015 SUMMER CONTACT INFORMATION

Name of Charter School:

Contact Person for the Charter School during summer:

Address for Contact Person:

Phone Number for Contact Person: _____

E-mail Address for Contact Person:

Will you be holding summer school? Yes No

If yes, please list dates: _____

CHARTER SCHOOL INFORMATION FOR 2015-2016 SCHOOL YEAR

Name of School: _____

LEA Numbers: District _____

Elementary _____

Middle _____

High _____

Grades to be served in 2015-2016: _____

When will school session begin? _____

Enrollment CAP for 2015-2016: _____

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 2015-2016 school year ends _____

Date that the second quarter of the 2015-2016 school year ends _____

Date that the third quarter of the 2015-2016 school year ends _____

Date that the fourth quarter of the 2015-2016 school year ends _____

Submit to ade.charterschools@arkansas.gov by June 1, 2015.