

**ARKANSAS DEPARTMENT OF EDUCATION  
CHARTER SCHOOL OFFICE**

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**2016-2017 SIGNIFICANT EXPANSION**

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Submit by Wednesday, June 1, 2016

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

LEA Number of Expanding School:

District \_\_\_\_\_

Elementary \_\_\_\_\_

Middle \_\_\_\_\_

High \_\_\_\_\_

Grades to be served in 2016-2017 \_\_\_\_\_

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, 2016**