# CSI Transfer School Application Cycle

# Letter of Intent

This document should be completed in its entirety and submitted to CSI as early as possible prior to submitting the Expansion application. Please submit form via email to [ryanmarks@csi.state.co.us](mailto:ryanmarks@csi.state.co.us).

**Applicant Eligibility**

Please be sure you meet the following eligibility requirements:

* Be one or more individuals, a nonprofit, governmental, or other entity or organization (C.R.S. 22-30.5-510);
* Be organized as a Colorado non-profit organization (C.R.S. 22-30.5-105);
* Operate a current charter school

**Primary Contact for Application**

**Name:**

**Email Address:**

**Phone Number:**

**Address (Street, City, State, Zip):**

**School Information**

**School Name:**

**School Leader:**

**Educational Model** (i.e. Core Knowledge, Montessori, etc.)**:**

**Geographic District** (i.e. school district in which the school is located)**:**

**Are you applying to another authorizer (in addition to CSI)? No Yes. List authorizer here:**

**School Program Information**

**Vision**

**Mission**

**Brief Description of the School**

**Current and Projected Enrollment**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **School Year** | **Pupil Count** | **Grade Levels Served** |
| **Current** | 20  -20   school year |  | Pre-K K 1 2 3 4 5 6  7 8 9 10 11 12 |
| **Projected (if applicable)** | 20  -20   school year |  | Pre-K K 1 2 3 4 5 6  7 8 9 10 11 12 |

**Current Demographics**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **% Minority** | **% Free/Reduced Lunch Eligible** | **% Special Education** | **% English Learner** | **% Gifted/ Talented** |
|  |  |  |  |  |