

**NEW HAMPSHIRE CHARTER SCHOOLS PROGRAM  
APPLICATION COVER SHEET**

<b>Name of Proposed Charter School:</b>	
<b>Name of Organization Sponsoring the Charter School (if any):</b>	
<b>Name of Contact Person:</b>	
<b>Mailing Address:</b>	
<b>Primary Telephone:</b>	
<b>Alternate Telephone:</b>	
<b>Email Address:</b>	
<b>Projected Date of School Opening:</b>	
<b>Proposed School Location:</b>	

	<b>SCHOOL YEAR</b>	<b>GRADE LEVELS</b>	<b>NUMBER OF KINDERGARTEN STUDENTS</b>	<b>TOTAL PROJECTED STUDENT ENROLLMENT</b>
<i>First Year</i>				
<i>Second Year</i>				
<i>Third Year</i>				
<i>Fourth Year</i>				
<i>Fifth Year</i>				

I certify that I have the authority to submit this application and that all information contained herein is complete and accurate, realizing that any misrepresentation could result in disqualification from the application process or revocation after award. I understand that incomplete applications will not be considered. The person named as the contact person for the application is so authorized to serve as the primary contact for this application.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**