

INTENT TO SUBMIT CHARTER SCHOOL APPLICATION

If you plan to submit a proposed Charter School application, please complete the following information:

Date: _____

Proposed Charter School Name:

Proposed Grade Levels: _____

Contact Person

Name: _____

Organization (if applicable): _____

Address: _____

Email Address _____

Telephone/Fax: _____

Send completed form to:

**NH Department of Education
Charter School Office
101 Pleasant Street
Concord, NH 03301-3860
FAX: (603) 271-1953**