



Application for Exceptional Charter School in Special Education

Part I - Demographic Information

Application Date: _____

School Data

School Name: _____

Street Address: _____

Street Address 2: _____

City: _____ State: _____ Zip Code: _____

Main Telephone Number: _____ Fax Number: _____ School Website: _____

Administrator/Director/Contact Data

Name: _____ Title: _____

Telephone #: _____ Email: _____ Fax: _____

Primary Application Contact: _____ Title: _____

Telephone #: _____ Email: _____ Fax: _____

Alternate Contact: _____ Title: _____

Telephone #: _____ Email: _____ Fax: _____

Special Education Director: _____ Title: _____

Telephone #: _____ Email: _____ Fax: _____