Purpose of this form: The sponsoring entity identified on the cover letter is submitting an application to the commissioner of education for approval to operate an open-enrollment charter school. The name and location, if known, of the proposed charter school are provided below. As required in Texas Education Code §12.1101, this form must be sent to the President of the Board of Trustees of each traditional district from which the proposed school intends to draw students, and to each member of the legislature that represents the geographic area to be served by the proposed school. Additionally, this form must be sent to the State Board of Education member that represents the geographic area to be served by the proposed school. A school district may submit this form to provide the commissioner with information relating to any financial difficulty that a loss in enrollment may have on the district and any other information that a district wishes to share with the commissioner. For more information about the proposed charter, please contact the sponsoring entity.

Instructions: Should you choose, to respond, return the completed form no later than Friday, March 29, 2019 to:
Texas Education Agency
Attention: Charter School Administration
1701 North Congress Avenue
Austin, Texas 78701

Note: See Texas Education Code §12.106 for information about state funding.

Name of Proposed Charter School: ________________________________
Physical Address or General Location of Proposed Charter School: ________________________________

Check the appropriate response below:

☐ The proposed open-enrollment charter school is not expected to adversely impact the district to a significant degree.

☐ The proposed open-enrollment charter school is expected to have a major impact on the district in the following manner:

(Describe the impact in the space below and/or attach any supporting documentation.)

_________________________  ____________________________  ____________________________
District Name                  County-District Identification Number
_________________________
District Address
_________________________  ____________________________
Signature of Superintendent   Signature of Board President
_________________________  ____________________________
Print Superintendent’s Name   Print Board President’s Name
_________________________
Date                        Phone Number