

GENERATION TWENTY-FOUR OPEN-ENROLLMENT CHARTER APPLICATION

Statement of Impact

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