Letter of Intent to Apply- City of Milwaukee Charter School

Deliver to: City Clerk's Office City Hall, Room 205 200 E. Wells St. Milwaukee, WI 53202

Dear Charter School Review Committee,

The undersign individuals/organization is considering submitting an application to establish a charter public school with the City of Milwaukee.								
Is this a new school or an existing school?								
Are you applying for a charter with any other authorizer(s)?								
Legal name of organization applying:								
Name of proposed charter school:								
Applicant's authorized representative:								
Leadership Team and Board Members								
Full mailing address								

City				State			ZIP		
Phone									
Email address:									
Anticipate	d year to	open							
Grade leve	els to be	served in	year 1						
Grade level to be served at full capacity									
Anticipated Enrollment in year 1									
Anticipated Enrollment at full capacity									
Specific type of student population to be served									
Indicate any charter management organization or affiliated model (if any)									
Signature	of Applic	cant's Autl	horized Rep	oresentativ	ve	Date			