# CSI Expansion School Application Cycle

# Letter of Intent

This document should be completed in its entirety and submitted to CSI as early as possible prior to submitting the Expansion application. Please submit form via email to [ryanmarks@csi.state.co.us](mailto:ryanmarks@csi.state.co.us).

**Applicant Eligibility**

Please be sure you meet the following eligibility requirements:

* Be one or more individuals, a nonprofit, governmental, or other entity or organization (C.R.S. 22-30.5-510);
* Be organized as a Colorado non-profit organization (C.R.S. 22-30.5-105);
* Operate a current CSI charter school plan to expand the scope of the current program by grade, hours, and/or site.

**Primary Contact for Application**

**Name:**

**Email Address:**

**Phone Number:**

**Address (Street, City, State, Zip):**

**School Information**

**School Name:**

**School Leader (if identified):**

**Educational Model** (i.e. Core Knowledge, Montessori, etc.)**:**

**Geographic District** (i.e. school district in which the proposed school will be located)**:**

**Are you applying to another authorizer (in addition to CSI)? No Yes. List authorizer here:**

**Proposed School Program Information**

**Vision**

**Mission**

**Brief Description of the Proposed Expansion**

**Projected Enrollment for Proposed School Expansion**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **School Year** | **Pupil Count** | **Grade Levels Served** |
| **At Opening (Expansion Year 1)** | 20  -20   school year |  | Pre-K K 1 2 3 4 5 6  7 8 9 10 11 12 |
| **At Full Build Out** | 20  -20   school year |  | Pre-K K 1 2 3 4 5 6  7 8 9 10 11 12 |

**Projected Demographics for Proposed School Expansion**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **% Minority** | **% Free/Reduced Lunch Eligible** | **% Special Education** | **% English Learner** | **% Gifted/ Talented** |
|  |  |  |  |  |