

OAPCS Membership Application for Charter Schools

_____ **Yes!** My charter school would like to become a charter school member of the Ohio Alliance for Public Charter Schools. My school agrees to commit to the Quality Values and Principles that are in development with input from OAPCS members.

Information

School Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: () _____ - _____ Fax Number: () _____ - _____ IRN: _____

School Contact: _____ Title: _____

Web site: _____ E-mail: _____

School Enrollment*: _____ Number of Teachers: _____ 1st Operating Year: _____

*Based on fall test enrollment

Percentage of students qualifying for free and reduced lunch: _____

Sponsor: _____

Management Company: _____

Grade Levels (circle all that apply):

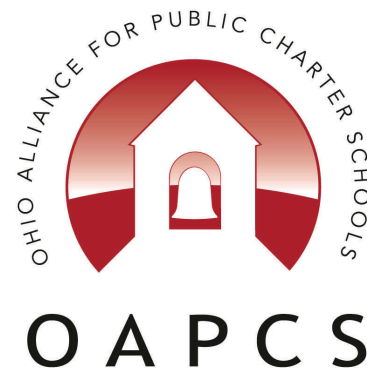
Pre-K	K	1st	2nd	3rd	4th
5th	6th	7th	8th	9th	10th
11th	12th				

Board Members* (list below and attach sheet)

School Specialization (please circle all that apply):

Gifted	Special Needs—General	Special Needs—Autistic	Special Needs—ADHD	Dropout Prevention/Recovery—HS
Dropout Prevention/Recovery—MS/	College Prep—HS	College Prep—MS	College Prep—Elementary	Art School
Math/Science Focus	Standard Curriculum	Physical Education	Fine Arts	Foreign Language
IT/Tech Focus	Experiential	Title 1—Target Assistance	Title 1—School Wide	Other

*Include mailing and e-mail address



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Membership Dues Calculation

Use the table below to determine the cost per student. List the total on the line

Individuals planning to start charter schools can join for \$125, with the understanding that the remaining \$125 is due once the school receives Walton Family Foundation start-up funds.

Student enrollment	Price per student
0-99	\$250 flat rate
100-299	\$2.50
300 - 499	\$3.00
500 - 9999	\$4.00
1000 - and up	\$4.50

_____ **Total** due to the OAPCS*

***Application and payment must be submitted together, unless purchase order is requested.**

Payment Options

___ Check—made payable to the OAPCS

___ Purchase Order**

___ Credit Card (circle one) Visa MasterCard

Account Number _____

Exp. Date ___/___

As Chief Administrative Officer and authorized party to sign on behalf of the school named above, I agree that the representations on this document are valid and true. I also authorize payment for membership on the card number listed above, if applicable. The school named above wishes to join the Ohio Alliance for Public Charter Schools and therefore subscribes to the OAPCS Quality Values and Principles. I understand that the OAPCS reserves the right to revoke membership at any time.

Authorized Signature

Date

Return to:

Ohio Alliance for Public Charter Schools

33 N. Third Street, Suite 600

Columbus, Ohio 43215

Office: (614) 744-2266

Fax: (614) 744-2255

