

REAUTHORIZATION CONTACT FORM

Name of School:		
The Charter Collaborative contact information for the	s requesting that the academy designate an individual and provide the following topic areas:	ir
•	: act between the academy and The Charter Collaborative for the reauthorization process.	
Name:		
Phone:	Email:	
accuracy of the school's	act between the academy and The Charter Collaborative to verify the urriculum and provide changes, as necessary.	
	Email:	
accuracy of the Education changes, as necessary.	gnee: act between the academy and The Charter Collaborative to verify the al Program currently contained in the charter contract and provide	
Phone:	Email:	
accuracy of the informati as necessary.	Designee: act between the academy and The Charter Collaborative to verify the a contained in Schedule 8 of the charter contract and provide changes	,
Name:		
Phone:	Email:	—
·	gnee: act between the academy and The Charter Collaborative to verify the tions currently on file and provide changes, as necessary.	
Name:		
Phone:	Fmail:	