

Application and Enrollment Information Form

2017-2018

Name of Academy: _____

Academy Contact Person:

Name Phone

Title Email

■ Maximum enrollment as adopted annually by the Academy Board

Total Students:

■ Re-enrollment Period

Beginning Date:

Ending Date:

Open Enrollment Period

Beginning Date:

Ending Date:

■ Legal/Public Notice

Newspaper:
Name of local newspaper of general circulation

■ Random Selection Drawing

Third Party Administrator:

Date: Time: Place:

Submission:

Please submit the completed form by **January 25, 2017**, to the Center via Epicenter, per the Master Calendar of Reporting Requirements.

For more information, please contact:

The Governor John Engler Center for Charter Schools
Central Michigan University
Mount Pleasant, MI 48859
(989) 774-2100
www.TheCenterForCharters.org

Form **C4**

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