

CHARTER SCHOOL OFFICE
ROOM 5N EB Mezzanine, 89 WASHINGTON AVENUE, ALBANY NY, 12234
Tel. 518/474-1762; Fax 518/474-7558; charterschools@nysed.gov

To: [REDACTED] [REDACTED] [REDACTED]
From: [REDACTED] M [REDACTED]
Subject: N [REDACTED]
Date: [REDACTED]

Name of Charter School: [REDACTED]
BEDS Code: [REDACTED]
District/CSD of Location: [REDACTED] [REDACTED]
Type of Request: [REDACTED]
Current Charter Term: [REDACTED] / [REDACTED] / [REDACTED] - [REDACTED] / [REDACTED] / [REDACTED]
Proposed New Charter Term: [REDACTED]
Management Company: [REDACTED]
Grades Served in the Current Academic Year: K-9
Current Approved Maximum Enrollment: [REDACTED]
Proposed Revision(s): [REDACTED] [REDACTED]

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, [REDACTED] time of dissemination
[REDACTED] next business day [REDACTED]

iv 15 business days

[REDACTED]

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