Exhibit B

Charter Application Overview - Change in Authorizer

The applicant group's **designated representative** will serve as the contact for all communications, interviews, and notices from ICSB regarding the submitted application.

Type of Submission:	ha rer □ be	Existing charter has not been revoked and organizer is not been informed that its charter will not be newed by its current authorizer. Existing charter has been revoked or Organizer has en informed that its charter will not be renewed by current authorizer.
Name of Charter School(s):		
School Address(es):		
Name of Board Chair:		
Contact Information:		
Name of Head of School/P	rincipal(s):	
Contact Information:		
Year School(s) Opened:		
Name of Current Authorize	r:	
Name of Education Service (ESP) (if applicable):	Provider	
Current School Information:		
School Name(s)	Year Opened	School Address

School(s)	Grade Levels	Number of Students	School Model		
Projected Student Enrollment Complete Tab 1 of either the Enrollment Plan for K-12 Schools or the Enrollment Plan for Adult High Schools, as applicable. Please ensure that you are completing the correct Enrollment Plan.					

Date

Signature of Designated Representative

Signature