

Exhibit B

Charter Application Overview – New Operator

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

Name of proposed Charter School: _____

Proposed Charter School location:* _____

**Indicate the city/ town and, if known, potential address or neighborhood of the school location. Virtual operators should indicate the relevant geographies the operator intends to serve.*

School district of proposed location: _____

Legal name of group applying for Charter: _____

Designated representative: _____

Contact Information (Phone & Email): _____

Planned opening year for the school: _____

Model or focus of proposed school:
(e.g., arts, college prep, dual-language, etc.) _____

Proposed Grade Levels and 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.

Target student population (if any): _____

Has or will an application for the same charter school be submitted to another authorizer either concurrently or in the near future?

Yes No

If yes, identify the authorizer(s): _____

Planned submission date(s): _____

List the number of previous submissions (including withdrawn submissions) for request to authorize any charter school(s) over the past five years, as required under IC § 20-24-3-4. Include the following information:

Authorizer(s): _____

Submission date(s): _____

Signature of Designated Representative	

Name	
_____	_____
Signature	Date