

# Indiana Charter School Board

## LETTER OF INTENT TO FILE A CHARTER APPLICATION

All applicants who wish to submit a charter application to the Indiana Charter School Board (“ICSB”) must first file a Letter of Intent (“LOI”). The LOI is typically due one (1) month before the Application deadline for the Spring or Fall Cycles. Due dates for application cycle requirements can be found here: <https://www.in.gov/icsb/icsb-calendar/application-timeline/>. Submission of an LOI does not obligate the applicant to submit a full application. The individual identified as the applicant group’s **designated representative** will serve as the contact for all communications, interviews, and notices from ICSB.

After the LOI submission window closes, the designated representative will be provided with detailed information about the application submission process. ICSB reserves the right to refuse to consider an application due to a failure to fully complete a LOI by the due date or submission of the application as required.

A “new operator” is defined as an applicant group that has not previously operated a charter school and does not intend to contract with an Education Service Provider (“ESP”) for management of the school

An “experienced operator” is defined as either: (a) an applicant group that has previously operated a charter school or a network of charter schools; or (b) an applicant group that has not previously operated a charter school but intends to contract with an ESP.

Do not submit this form if you are seeking to change authorizers. Please complete the Letter of Intent: Change in Authorizer Request

**Type of submission**  New Operator  Experienced Operator

**Name of proposed Charter School:** \_\_\_\_\_

**Location of proposed Charter School:** \_\_\_\_\_  
(please be as specific as possible) \_\_\_\_\_

**School district of proposed location:** \_\_\_\_\_

**Legal name of proposed organizer:** \_\_\_\_\_

**Address of legal group applying:** \_\_\_\_\_  
\_\_\_\_\_

Designated representative:

\_\_\_\_\_

Contact information for designated representative (Phone and Email):

\_\_\_\_\_

\_\_\_\_\_

Planned opening year:

\_\_\_\_\_

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

\_\_\_\_\_

**Proposed grade level(s) and student enrollment:**

Academic Year	Grade Levels Served	Total Number of Students Served
Year 1		
At Full Capacity		

**Additional Information Required for Experienced Operators**

Does the school expect to contract or partner with an ESP for Charter School management/operation?

Yes  No

If Yes, please provide the following information:

Identify the ESP:

\_\_\_\_\_

Is Charter School proposing to replicate a proven school model?

Yes  No

If yes, provide the name and location of at least one school where the model is in use.

\_\_\_\_\_

If the applicant or its ESP currently operates one (1) or more Charter Schools either in or outside of Indiana, please identify the authorizer(s) of the existing Charter Schools:

\_\_\_\_\_

**Signature of Designated Representative**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date