

February 2, 2018

Dr. Derek Citty, Superintendent Aledo Independent School District 1008 Bailey Ranch Road Aledo, TX 76008

Dear Superintendent:

This is to inform you that our charter school intends to submit an expansion amendment request for consideration by the commissioner of education to add two new campuses:

Charter School: Texas School of the Arts

County-District #: 220814

Charter School Address: 6025 Village Parkway, Edgecliff Village, TX 76134

As part of the amendment process, charter schools are required to notify any school districts that are likely to be affected by the new campus. Please see the enclosed Statement of Impact form regarding the proposed new campus.

The enclosed form may be completed by any district that may be affected, signed by the district's superintendent or board of trustee's board president, and submitted electronically to the Texas Education Agency, Charter Schools Division at CharterAmendments@tea.texas.gov.

Sincerely,

Melissa Goodroe

Chair of the Charter Holder Governing Body

STATEMENT OF IMPACT

for Amendments

Texas School of the A	∖rts	220814	
Charter School		County-District #	
		ntends to submit an expansion amendment request for a new campus with an effective date of: 08/01/18	
Proposed new address, if available:	Proposed new addre	ess not available at this time	
f the campus address has not yet be school's currently approved geograp	•	anned area for the campus and the school districts within the chart listed below.	
East Tarrant County	and Parker County		
Currently approved geographic bo			
See approved geographic boundari	es attached		
Grade levels to be served at the nev	v campus: K-6		
Expected maximum enrollment at th	e new campus: 27	70	
f the requested new campus is appr district in which the new campus will		ssioner, the agency will notify the superintendent of the school e permanent address is secured.	
TO BE COMPLETED BY DISTRICT	SUPERINTENDEN	IT AND/OR DISTRICT BOARD PRESIDENT - OPTIONAL	
Please submit forms electronically to	<u>charteramenumem</u>	ts@tea.texas.gov within two weeks of receipt.	
		ill impact Average Daily Attendance (ADA), please provide any ecision-making process regarding the requested growth	
District Name		County-District #	
District Address		Phone Number	
Superintendent's Na	ame	Signature of Superintendent	
	Date Recen	ved by School District	



Approved Geographic Boundary Expansion Request for Texas School of the Arts County District Number: 220814

- Aledo ISD
- Alvarado ISD
- Arlington ISD
- Azle ISD
- Birdville ISD
- Burleson ISD
- Carroll ISD
- Castleberry ISD
- Cedar Hill ISD
- Cleburne ISD
- Coppell ISD
- Crowley ISD
- Dallas ISD
- DeSoto ISD
- Duncanville ISD
- Eagle Mountain Saginaw ISD
- Everman ISD
- Fort Worth ISD
- Godley ISD
- Granbury ISD
- Grand Prairie ISD
- Grapevine-Colleyville ISD
- Hurst-Euless-Bedford ISD
- Joshua ISD
- Keene ISD
- Keller ISD
- Kennedale ISD
- Lake Worth ISD
- Mansfield ISD
- Northwest ISD
- Peaster ISD
- Springtown ISD
- Weatherford ISD
- White Settlement ISD

STATEMENT OF IMPACT

for Amendments

Texas School of the A	Arts	220814
Charter School		County-District #
		intends to submit an expansion amendment request for a new campus with an effective date of: 08/01/18
Proposed new address, if available:	Proposed new ac	dress not available at this time
If the campus address has not yet be school's currently approved geograp		planned area for the campus and the school districts within the charter listed below.
Planned area:	and Parker County	8 05 NG 9 15 10 No 15 15 15 15 15 15 15 15 15 15 15 15 15
Currently approved geographic bo	oundaries:	
See approved geographic boundari		
Grade levels to be served at the new	v campus: K-6	
Expected maximum enrollment at th	e new campus:	270
If the requested new campus is appr district in which the new campus will		nissioner, the agency will notify the superintendent of the school he permanent address is secured.
Notwithstanding the change in distri	ct enrollment tha	will impact Average Daily Attendance (ADA), please provide any decision-making process regarding the requested growth
District Name		County-District #
District Address		Phone Number
Superintendent's Na	ame	Signature of Superintendent
	Date Re	eived by School District



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