



## Charter Amendment Request Form

The Charter Amendment Request Form and all required documentation must be received via email ([ade.charterschools@ade.arkansas.gov](mailto:ade.charterschools@ade.arkansas.gov)) at the Arkansas Department of Education at least 35 days prior to the Charter Authorizing Panel meeting.

**Charter Name:** Arkansas Lighthouse Charter Schools **LEA:** 6050700

**Superintendent or Director:** LaShawnDa Noel

**Email:** lashawnda.noel@arlcs.org **Phone:** 501-353-8251

### Type of Amendment(s) Requested

☐ **Add a New Campus** (Must also submit the Facilities Utilization Agreement)

Address: \_\_\_\_\_

School District: \_\_\_\_\_

☒ **Relocate Existing Campus** (Must also submit the Facilities Utilization Agreement)

Campus Name: Jacksonville Lighthouse Flightline to Jacksonville Lighthouse Middle Sch

Current Address: 1030 Cannon Dr., LRAFB, AR 72099

Proposed Address: 251 N. First St. Jacksonville, AR 72076

School District: Arkansas Lighthouse Charter Schools

☐ **Increase Enrollment Cap**

Current Cap: \_\_\_\_\_

Proposed Cap: \_\_\_\_\_

☐ **Change Grade Levels Served**

Current Grade Levels Served: \_\_\_\_\_

Proposed Grade Levels Served: \_\_\_\_\_