



Charter Amendment Request Form

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

Charter Name: _____ LEA: _____

Superintendent or Director: _____

Email: _____ Phone: _____

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: _____

Current Address: _____

Proposed Address: _____

School District: _____

☐ **Increase Enrollment Cap**

Current Cap: _____

Proposed Cap: _____

☐ **Change Grade Levels Served**

Current Grade Levels Served: _____

Proposed Grade Levels Served: _____

☒ **Change Name of Charter**

Current Name of Charter Founders Classical Academies of Arkansas

Proposed Name of Charter College Preparatory Academies of Arkansas