

Charter Amendment Request Form

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

Charter Name:		LEA:			
Sup	Superintendent or Director:				
Email:		Phone:			
	Тур	e of Amendment(s) Requested			
	Address:	lso submit the Facilities Utilization Agreement)			
	School District:				
	Campus Name: Current Address:	(Must also submit the Facilities Utilization Agreement)			
	Proposed Address: School District:				
	Increase Enrollment Cap Current Cap: Proposed Cap:				
	Change Grade Levels Serv				
	Proposed Grade Levels Served:				

]	Waive	er(s)
		Statute/Standard/Rule to be Waived:
		Rationale for Waiver:
		Statute/Standard/Rule to be Waived:
		Rationale for Waiver: