

## ATHLOS FOUNDATION

March 25, 2014

**AUBREY ISD (061-907)**  
415 TISDELL LN  
AUBREY, TX 76227-9619

Dear Superintendent and Board President:

This letter is to inform you that Athlos Foundation intends to submit an application to the Texas Education Agency (TEA) for an open-enrollment charter school. All applicants are required to send the enclosed *Statement of Impact* form and a copy of the completed *Charter Coversheet* to each district and open-enrollment charter school that may be affected by the proposed charter school. Your district or charter school is receiving this information because the proposed charter school's designated geographic boundary overlaps with your district's or charter school's boundary. The proposed charter school's designated geographic boundary will include the districts listed on the attached Exhibit A.

The attached *Statement of Impact* form provides you with an opportunity to inform the TEA of whether the proposed charter school may adversely impact it financially or in some other respect. Completed forms may be returned to:

Texas Education Agency  
Division of Charter School Administration  
Attention: Rick Salvo  
1701 North Congress Avenue  
Austin, Texas 78701

Forms must be received no later than **July 7, 2014** for the information to be considered. If you have questions about the process for approval of open-enrollment charter schools, please contact the Division of Charter School Administration at (512) 463-9575 or visit <http://www.tea.state.tx.us/Charters.aspx>. If you would like a complete copy of the application for the open-enrollment charter school, please contact Athlos Foundation at 210-538-5385.

Sincerely,

/s/ Dr. Cindy Darnell  
President of Sponsoring Entity

Enclosures: *Statement of Impact form*  
*Charter Coversheet*

**Statement of Impact  
Nineteenth Generation Charter Application**

**Purpose of this form:** The sponsoring entity identified on the cover letter is submitting an application to the commissioner of education for approval to operate an open-enrollment charter school. The name and location, if known, of the proposed charter school are provided below. This form must be sent to all districts and open-enrollment charter schools likely to be affected by the proposed open-enrollment charter school. Specifically, the commissioner has directed applicants to send this form to each district and open-enrollment charter school whose boundary overlaps with the designated geographic boundary or transfer boundary of the proposed charter school. A district or open-enrollment charter school **may** submit this form to provide the commissioner with information relating to any financial difficulty that a loss in enrollment may have on the district or open-enrollment charter school, and any other information that a district or open-enrollment charter school wishes to share with the commissioner. For more information about the proposed charter, please contact the sponsoring entity.

**Instructions:** Please submit the completed form to TEA at the address provided on the cover letter by no later than June 30, 2014.

**Note:** See Texas Education Code §12.106 for information about state funding.

Name of Proposed Charter School: Athlos Academy  
Physical Address or General Location of Proposed Charter School: Within Dallas Fort Worth Metroplex and other surrounding areas within Tarrant, Denton, Dallas, Parker, Johnson, Collin, Rockwall and Ellis counties

*Check the appropriate response below:*

- The proposed open-enrollment charter school **is not** expected to adversely impact the district or open-enrollment charter school to a significant degree.
- The proposed open-enrollment charter school **is** expected to have a major impact on the district or open-enrollment charter school in the following manner:

*(Describe the impact in the space below and/or attach any supporting documentation.)*

_____ District/Charter School Name	_____ County-District Identification Number
_____ District/Charter School Address	
_____ Signature of Superintendent	_____ Signature of Board President
_____ Print Superintendent's Name	_____ Print Board President's Name
_____ Date	_____ Phone Number

*Rec'd March 31, 2014*

# CHARTER COVERSHEET

## APPLICANT TEAM MEMBER INFORMATION

Proposed Nineteenth Generation Charter School Name: Athlos Academy  
 Name of Sponsoring Entity: Athlos Foundation

NOTE: If the sponsoring entity is a 501(c)(3) nonprofit organization, the name must appear exactly as it appears in the Articles of Incorporation or any amendments thereto.

The sponsoring entity is a (Check only one):  501(c)(3) nonprofit organization  Governmental Entity  College or University

Chairperson of governing body of sponsoring entity: Dr. Cindy Darnell Bowens

CEO of sponsoring entity: Dr. Cindy Darnell Bowens

CEO/Superintendent of proposed charter school: Not yet determined, the Board is currently searching.

Board member(s) who attended applicant information session(s): Edward G. Conger Date(s): 02/07/2014

Applicant mailing address (To be used for contact regarding this application): 2085 Garden Crest Dr., Rockwall, TX 75087

Physical address of proposed administrative offices (if different from above): Not yet determined.

Number of campuses requested: 15

Physical Address of Each Proposed Campus: *Street address, city, state, zip, and county, OR, if the specific address(es) is unknown at this time, provide the county and general location of the proposed campus(es)*  
Dallas County, Tarrant County

Contact name: Edward G. Conger

Contact role/title: Board Member

Contact Phone: 817-946-4350 Contact Email: econger@ILTexas.org

State maximum enrollment and check all grade levels to be served for each school year.

*By Year 4, at least one grade in which the state assessments are administered must be offered.*

	Proposed Enrollment	GRADE LEVELS SERVED														
		Pre-K3	Pre-K4	K	1	2	3	4	5	6	7	8	9	10	11	12
Year 1:	2,592	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 2:	4,080	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 3:	5,760	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 4:	8,928	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Year 5:	12,288	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
At Capacity:	15,000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**APPLICANT TEAM MEMBER INFORMATION**

Names, roles, and current employment of all persons on applicant team (add lines as needed):

Full Name	Current Job Title and Employer	Position with Proposed School
Dr. Cindy Darnell	Pediatrician, Children's Medical Center	President
Jerry McCreight	CFO, ILTexas	Treasurer
Todd Whitthorne	President, ACAP Health	Director
Erin Ragsdale	Senior VP, Allyn Media	Director
Paul Reyes	Senior VP and General Counsel, Associa	Vice President
Martha Rocha	Senior Director, Children's Medical Center	Secretary
Edward G. Conger	CEO, ILTexas	Director

Does this applicant team have charter school applications under consideration by any other authorizer(s) in the United States?  Yes  No

*If yes, complete the table below, adding lines as needed.*

State	Authorizer	Proposed School Name	Application Due Date	Decision Date

Does this applicant team have new schools or campuses scheduled to open elsewhere in the United States in the 2014-15 or 2015-16 school years?  Yes  No

*If yes, complete the table below, adding lines as needed.*

Proposed School Name	City	State	Opening Date

Does this applicant team have new schools or campuses approved, but scheduled to open in years beyond 2015-2016?  Yes  No

*If yes, complete the table below, adding lines as needed.*

Authorizer	# of Schools	City(s)	State

Do any of the following describe your organization, or the charter proposed in this application?

- Seeks approval for multiple campuses under a single charter.
- Already operates schools elsewhere in the US.
- Will contract or partner with a charter management organization (CMO). *If yes, include the CMO's portfolio in answering the above questions regarding pending applications and school openings.*

If yes, identify the CMO: \_\_\_\_\_

This CMO currently manages schools in Texas or elsewhere in the US.

If yes, list all applicable states: \_\_\_\_\_

**CERTIFICATION**

I certify that I have the authority to submit this application and that all information contained herein is complete, accurate, and original realizing that any misrepresentation could result in disqualification from the application process or revocation after award. In accordance with TEC §12.120, I further certify that no members of the governing body of the sponsoring entity or of the proposed charter school or any officers or employees of the proposed school have been convicted of a misdemeanor involving moral turpitude or of any felony. I understand that incomplete applications will not be considered.

Cindy Darnell Bowens

*Name of CEO of Sponsoring Entity*

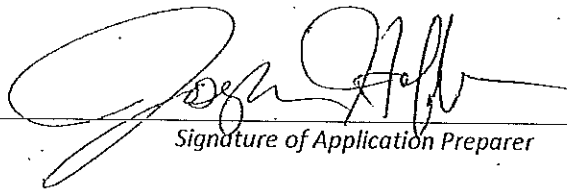
*Cindy Darnell Bowens*  
Signature of CEO of Sponsoring Entity

3/25/14

Date

Joseph E. Hoffer

*Name of Application Preparer*



*Signature of Application Preparer*

3-26-14

*Date*

With what company is the application preparer associated? Schulman, Lopez & Hoffer, L.L.P.

Was preparer paid?  Yes  No