Phase I: Letter of Intent to Apply

NYSED Office of Innovative School Models
89 Washington Avenue
Room 475 EBA
Albany, New York 12234
Phone: (518) 474-4817
Fax: (518) 474-7558

Letter of Intent to Apply for a Charter

If you plan to submit a charter school application to the New York State Education Department, please submit the following Letter of Intent and authorizer representative's contact information form to the Office of Innovative School Models by **Monday, August 9, 2010**. This will help the Office of Innovative School Models to more effectively communicate with applicant groups and to gather information about interest in expanding choice options in New York.

I understand that this letter and any other general application documentation that I submit will be posted on the NYSED website and made accessible to the public. Personal contact information will not be posted.

Please email this letter to charterschools@mail.nysed.gov.
Subject line of the Email: Letter of intent: [name of proposed school]

INTENDED DATE OF SUBMISSION: August 16, 2010

Name of proposed school: Discovery Charter School

Conversion from an existing public school: ☐ Yes √ No

Applicant's authorized representative: David L. Vigren

District in which the school will be located: East Irondequoit Central School District

Physical address of the school (if known): 125 Kings Highway South, Rochester, NY 14617

Composition of founding group: Community leaders, former educators, former business executives, CPA, not-for-profit executives & directors, business owners & managers
(e.g., parents, teachers, non-profits)

Proposed opening date (school year for which the school intends to open): Fall of 2011

Projected Grade Levels and Enrollment

Grade Levels	**K-2**	**K-3**	**K-4**	**K-5**	**K-6**
Projected Enrollment	**120**	**160**	**200**	**240**	**280**

Are you planning to work with a charter management organization (CMO)? Yes ☐ No ☒
If so, please indicate the name of the CMO. _____

Are you planning to work with a partner organization (such as a university, academic program partner, or whole school change model)? Yes ☒ No ☐
If so, please indicate the name of the organization. Expeditionary Learning Schools

Is this proposed school part of an existing network of charter schools? Yes ☐ No ☒
If so, please indicate the name of the charter school network. _____

Have you ever applied to this or another charter entity to open this proposed school or another charter school? Yes ☒ No ☐
If so, please indicate the date the application(s) was/were submitted and to which charter entity (use additional lines as necessary):

1. January 11, 2010, Charter Schools Institute (SUNY)—withdrawn and revised
2. June 4, 2010, State Education Department—withdrawn pending new process
3. _____

David T. Vigue

Signature of Applicant's Authorized Representative

August 6, 2010
Date