

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	<u>September, 2010</u>
Name of proposed school	<u>Excel Yonkers Charter School of Math, Medical Science and Technology</u>
Conversion from an existing public school	<input type="radio"/> Yes <input checked="" type="radio"/> No
Applicant's authorized representative	<u>Ahunna Margaux Akoma, Ed.M</u>
District in which the school will be located	<u>Yonkers Public Schools</u>
Physical address of the school (if known)	<u>TBD</u>
Composition of founding group (e.g., parents, teachers, non-profits)	<u>District/school administrator, principal, lead teacher, parent</u>
Proposed opening date (school year for which the school intends to open):	<u>Fall of 2011</u>

Projected Grade Levels and Enrollment

	Year One	Year Two	Year Three	Year Four	Year Five
Grade Levels	6th	6,7	6,7,8	6,7,8,9	6,7,8,9,10
Projected Enrollment	120	220	320	420	520

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. _____

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. _____
2. _____
3. _____

Aimee M. Thomas
 Signature of Applicant's Authorized Representative

8-9-2010
 Date