

**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  
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**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](mailto:charterschools@mail.nysed.gov).  
Subject line of the Email: Letter of intent: [name of proposed school]

INTENDED DATE OF SUBMISSION	<u>September 21-2010</u>
Name of proposed school	<u>NEW YORK ACADEMY FOR STUDENT SUCCESS</u>
Conversion from an existing public school	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Applicant's authorized Representative	<u>Mr. Michael Stuckey</u>
District in which the school will be located	<u>BROOKLYN New York</u>
Physical address of the school (if known)	<u>NA</u>
Composition of founding group (e.g., parents, teachers, non-profits)	<u>2 parents 2 community leaders</u>
Proposed opening date (school year for which the school intends to open):	<u>Fall of 20 11</u>

Projected Grade Levels and Enrollment

Grade Levels	9 <sup>TH</sup> -12 <sup>TH</sup>
Projected Enrollment	150

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. PROJECT LEAD THE WAY

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. \_\_\_\_\_

  
\_\_\_\_\_  
Signature of Applicant's Authorized Representative

8/4/10  
\_\_\_\_\_  
Date