

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) 474-1762
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 **Wednesday, January 19, 2011**. 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.

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

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. (Media contact information for each application will be posted separately).

Date of Submission January 14, 2011

Name of proposed school (the words "charter" and "school" must appear in the proposed school name.) Boricua College Charter High School

Conversion from an existing public school Yes No

Lead Applicant or authorized representative Gary J Aguayo

Media Contact (if different from Lead Applicant) _____

Media Contact email gaguayo@boricuacollege.edu

Media Contact phone number 212 694-1000 ext 646

District or CSD in which the school will be located Community School District #7 Bronx

Physical address of the school (if known) 890 Washington Avenue

Composition of founding group
(e.g., parents, teachers, non-profits) Teachers, College

Administrators, Members of the Boricua College Board of Trustees

Proposed opening date (school year for which the school intends to open): **Fall of 2012-2013.** No new charter schools will be able to open earlier than the 2012-13 school year. If a later opening date is anticipated, please indicate the school year: Fall 20 12.

Total Projected Grade Levels and Enrollment

Grade Levels Served: 9

Projected Enrollment: 125

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

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

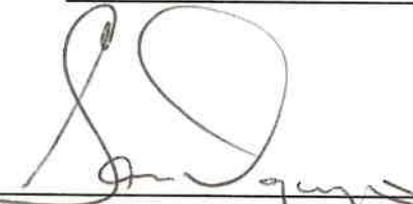
Have you ever applied to this or another charter entity to open this proposed school or another charter school? Yes X No

If so, please indicate the date the application(s) was/were submitted and to which charter entity (use additional lines as necessary):

1. n/a

2. _____

3. _____



Signature of Lead Applicant or Authorized Representative

1-14-2011

Date