

**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 **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](mailto: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 1/19/2011

Name of proposed school (the words “charter” and “school” must appear in the proposed school name.

**Keep Empowering Youth Achievements Performing Arts Charter School**  
{K.E.Y.A. Performing Arts Charter School}

Conversion from an existing public school  **No**

Lead Applicant or authorized representative Zakiya Moreira

Media Contact (if different from Lead Applicant) -NA-

Media Contact email \_\_\_\_\_

Media Contact phone number \_\_\_\_\_

District or CSD in which the school will be located District 29  
Physical address of the school (if known) \_\_\_\_\_

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

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\_\_\_\_\_.

Total Projected Grade Levels and Enrollment  
Grade Levels Served: 6-12  
Projected Enrollment: 500

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. \_\_\_\_\_

Zakiya Moreira  
Signature of Lead Applicant or Authorized Representative

1/19/11  
Date

**CONTACT INFORMATION FOR APPLICANT'S AUTHORIZED REPRESENTATIVE**

*Please fill out the following information and submit with the letter of intent. This information will not be posted to the NYSED website.*

**Lead Applicant or Authorized representative** Zakiya Moreira  
*(If the Prospectus is approved, the lead applicant will undergo a required criminal background check and fingerprint scan).*

**Full mailing address** (include city, state, zip code) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Daytime telephone number** \_\_\_\_\_ 347 529 9270 {cell} \_\_\_\_\_

**Fax number** \_\_\_\_\_  
\_\_\_\_\_

**Email address** \_\_\_\_\_ zmoreirakeya@gmail.com \_\_\_\_\_