

## Application and Enrollment Information Form

2018-2019

Name of Academy: \_\_\_\_\_

### Academy Contact Person:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

■ **Maximum enrollment as adopted annually by the Academy Board:**

Charter Contract Total:

■ **Re-enrollment Period**  
Beginning Date:   
Ending Date:

**Open Enrollment Period**  
Beginning Date:   
Ending Date:

■ **Legal/Public Notice**  
Newspaper:   
Name of local newspaper of general circulation

■ **Random Selection Drawing**  
Date:  Time:  Place:

### Submission:

Please submit the completed form by **January 24, 2018**, to the Center via Epicenter, per the Master Calendar of Reporting Requirements.

### For more information, please contact:

The Governor John Engler Center for Charter Schools  
Central Michigan University Mount  
Pleasant, MI 48859  
(989) 774-2100  
[www.TheCenterForCharters.org](http://www.TheCenterForCharters.org)

Form **C4**

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