

**Miami-Dade County Charter School
Application Form**

Date: _____ Application No.: _____

APPLICANT DATA

Name of Applicant: _____

Name of contact person: _____

Address: _____

City _____ State _____ Zip _____

Tel.# (during working hours) _____ other _____

APPLICATION INFORMATION

Name of School: _____

Address/Location of School site: _____

City _____ State _____ Zip _____

Folio(s) _____

Size of property : _____ Sec. _____ Twp. _____ Rge. _____

Proposed number of students _____ Age Categories _____

Has a hearing been held on this property? yes no

If yes, Resolution # _____

Nature of Hearing _____

Is there any existing use on the property? yes no

If yes, briefly describe _____

Please attach the following items with this application for submittal:

- Traffic Impact Anaylsis (2 sets)
- Site/Floor/Landscaping plans (2 Sets folded & collated)
- Letter of Intent
- Affidavit (signed and notarized)
- School Checklist
- Approved Charter from School Board

After a preliminary staff review is done on your application, you will be notified to submit additional copies of the plans with the revisions requested by staff, applicable fees, etc.

CHILD CARE CHECK LIST FOR CHARTER SCHOOLS

A signed charter contract from the Miami-Dade County School Board must accompany this application which matches the location, # of students and grade levels of the proposed application.

School Name: _____ School Address: _____

Tax Folio # 30 _____ Total size of site: _____ acres

Is this an expansion to an existing school? ____ Yes ____ No

If yes, indicate the # of students and grade levels previously approved:

_____ and the Resolution # _____

Number of children/students requested: _____ Grade Levels: _____ Ages: _____

Number of classrooms: _____ Total square footage of classroom area: _____

Total square footage of non-classroom area (offices, bathrooms, kitchens, etc.) _____

Total square footage of outdoor recreation/play area: _____

Number of parking spaces provided for staff, visitors, and transportation vehicles: _____

Days and hours of operation: _____

THE INFORMATION ABOVE IS COMPLETE AND IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Signed, sealed, executed and acknowledged on this ____ day of _____ at Miami-Dade County, Florida.

WITNESSES:

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

I hereby certify that on this ____ day of _____, _____, before me personally appeared _____, to me known to be the person described in an who executed the foregoing instrument and he/she acknowledge to me the execution thereof to be his/her free act for the uses and purposes therein mentioned.

My Commission Expires _____