



**SOUTH CAROLINA
DEPARTMENT OF EDUCATION**

**South Carolina
Public Charter School Application**

Cover Page

Applicant Information

Name of Proposed Charter School:

Mailing Address (*if known*):

City:

State:

Zip Code:

Name of Applicant Group:

FEIN:

Contact Information

Enter the name and contact information for the person to be contacted regarding this application.

Title: (select one)

First Name:

Last Name:

Title/Position:

Mailing Address:

City:

State:

Zip Code:

Phone Number:

Cell Number:

E-mail:

Fax Number:

Additional Information About Proposed Charter School

Grade levels during opening year:

Grade levels at full student matriculation:

Sponsor Name: