

OAPCS Membership Information Sheet for Charter Schools

School Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: () _____ - _____ Fax Number: () _____ - _____ IRN: _____

School Contact: _____ Title: _____

Web site: _____ E-mail: _____

School Enrollment: _____ Number of Teachers: _____ 1st Operating Year: _____

Number of students qualify for free and reduced lunch: _____

Sponsor: _____

Management Company: _____

School Specialization (please circle all that apply):

Gifted	Special Needs— General	Special Needs— Autistic	Special Needs— ADHD	Dropout Recov- ery—HS	Dropout Recovery— MS/HS
Experiential	College Prep— HS	College Prep— MS	College Prep— Elementary	Art School	IT/Tech Focus
Math/Science Focus	Standard Curriculum	Physical Education	Fine Arts	Foreign Language	Title 1—Target Assistance
Title 1—School Wide					

Grade Levels (circle all that apply):

Pre-K	K	1st	2nd	3rd	4th
5th	6th	7th	8th	9th	10th
11th	12th				

Board Members:

Return to:



Ohio Alliance for Public Charter Schools

Fifth Third Center

21 E. State Street, Suite 940

Columbus, Ohio 43215

Office: (614) 744-2266

Fax: (614) 744-2255