

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

CHARTER SCHOOL OFFICE  
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**Name of Charter School:**

**BEDS Code:**

**District/CSD of Location:**

**Type of Request:**

**Charter Term:**

**Manag**

**(s):**

**Current Grades Served:**

**Current Maximum Approved Enrollment:**

**Proposed Revision(s):**

**Subject:**  
**Date:**

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