

CHARTER SCHOOL ROSTER OF KEY CONTACTS

Complete the following Roster for the Board of Directors and key administrative leaders and/or partners for the proposed school. Be sure to include titles and roles. *Separate sheets may be used to ensure all relevant contacts are provided.*

Name of School(s): _____
Name of Nonprofit Corporation: _____
Primary Contact Person: _____
Mailing Address: _____
Phone: _____
(day & eve.) _____
Fax: _____ **Email:** _____

NONPROFIT BOARD OF DIRECTORS

Position: _____
Name: _____
Mailing Address: _____
Phone: _____
(day & eve.) _____
Fax: _____ **Email:** _____

Position: _____
Name: _____
Mailing Address: _____
Phone: _____
(day & eve.) _____
Fax: _____ **Email:** _____

Position: _____
Name: _____
Mailing Address: _____
Phone: _____
(day & eve.) _____
Fax: _____ **Email:** _____

NONPROFIT BOARD OF DIRECTORS continued

Position: _____
Name: _____
Mailing Address: _____

Phone: *(day & eve.)* _____
Fax: _____ Email: _____

Position: _____
Name: _____
Mailing Address: _____

Phone: *(day & eve.)* _____
Fax: _____ Email: _____

Position: _____
Name: _____
Mailing Address: _____

Phone: *(day & eve.)* _____
Fax: _____ Email: _____

SCHOOL PERSONNEL

Principal Name: _____
Phone (day/eve): _____
Fax: _____ Email: _____

Business *(may be undetermined at time of submission)*

Manager: _____
Phone (day/eve): _____
Fax: _____ Email: _____

OTHER AS APPLICABLE (school management entity, partner)

Contact Person: _____
Title/Position: _____
Organization: _____
Phone (day/eve): _____
Fax: _____ Email: _____