



NOTICE OF INTENT TO APPLY

This information will be used to ensure that your applicant group receives all of the appropriate communications from the Commission throughout the charter application process.

Name of Non-Profit Applicant/Organization		Ashé Preparatory Academy		
Primary Contact Information				
Name	Debra R Sullivan			
Address	4413 39 th Avenue South			
Phone	206.328.5818			
Email	Ashe.Prep.Acad@gmail.com			
Partner Information Not Applicable				
Basic Information for School Opening Fall 2019				
Proposed School Name	Opening Year	Geographic Community and/or City	Grades Served Year 1	Grades Served at Capacity
Ashé Preparatory Academy	2019	Skyway/Seattle Washington	K-2, 6	K-8
Proposed School Description				
School Model Specialty (check all that apply)	<input type="checkbox"/> Alternative <input type="checkbox"/> Arts <input type="checkbox"/> Blended Learning <input type="checkbox"/> Career and Technical Education <input checked="" type="checkbox"/> College Prep <input type="checkbox"/> Virtual: <input type="checkbox"/> STEM: <input type="checkbox"/> Language Immersion		<input type="checkbox"/> Military <input type="checkbox"/> Montessori <input type="checkbox"/> Disability (List): _____ _____ <input type="checkbox"/> Other (Specify): _____ _____	
	In one-hundred (100) words or less, briefly describe the mission and vision of your proposed school Ashé Preparatory Academy's mission is to cultivate the genius of a diverse population of students and prepare them to excel in high school, college, and career and to serve as leaders in and for their communities. Our vision is that all students and graduates know how to take action to improve the world.			

I certify that I have the authority to submit this Notice of Intent and that all information contained herein is complete and accurate. I recognize that any misrepresentation could result in disqualification from the application process or revocation after authorization. The person named as the contact person for the application is so authorized to serve as the primary contact for this application on behalf of the organization.

Signature of Primary Contact

Date

Debra R Sullivan 11/22/17