



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		Fursan School		
Primary Contact Information				
Name	Mohamed Bakr			
Address	15600 NE 8 th ST B1401, Bellevue, WA 98008			
Phone	4259988606			
Email	fursanschool@gmail.com			
Partner Information <i>If Applicable</i>				
Basic Information for School Opening Fall 2020				
Proposed School Name	Opening Year	Geographic Community and/or City	Grades Served Year 1	Grades Served at Capacity
Fursan School	2020	King County	KG-2	K-5
Proposed School Description				
School Model Specialty (check all that apply)	<input type="checkbox"/> Alternative <input checked="" type="checkbox"/> Arts <input checked="" type="checkbox"/> Blended Learning <input type="checkbox"/> Career and Technical Education <input type="checkbox"/> College Prep <input checked="" type="checkbox"/> Online/Virtual: <input checked="" type="checkbox"/> STEM: <input checked="" type="checkbox"/> Language Immersion		<input type="checkbox"/> Military <input type="checkbox"/> Montessori <input type="checkbox"/> Waldorf <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 Mission: An adaptive learning community that ensures bilingual, high academic and innovation achievements to ensure effective programs with diversity and cultural focus. Vision: Developing and empowering future leaders by closing the opportunity and achievement gaps. Parents are partners in the learning process and educational success. To raise bilingual leaders who master all academics and non-academics, with excellency and master at least two languages.			

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

11/10/2018

 Date