

Updated: November 29, 2016

NOTICE OF INTENT TO APPLY

				oplicant group re the charter appl		s all of the approp	oriate	
Name of Non-Profit Applicant/Organization			New Horizons Academy					
			Primary Conta	act Information				
Name	Dr. Wanda B	r. Wanda Billingsly						
Address		7 S. E 189 th Pl Renton, WA. 98058						
Phone	206.941.056							
Email		pillingsly@gmail.com						
	rmation If Appl							
			ormation for S	chool Opening F	all 20	18		
Proposed School Name			Opening Year	Geographic Community and/or City		Grades Served Year 1	Grades Served at Capacity	
New Horizons Academy			2018	Auburn, WA/ Pu Sound Region	uget	K, 1 st , 2 nd	K-5	
			Proposed Sch	ool Description				
☐ Art ☐ Ble ☐ Car ☐ Col School Model Specialty ☐ Check all that apply) ☐ STE		□Caree □Colleg □Virtua □STEM: □Langu	ded Learning er and Technical Education ge Prep al:		☐ Military ☐ Montessori ☑ Disability (List): Special Education students will be served (i.e. SLD, health impaired, MR/DD, OT/PT, SLP students etc.) based on service capacity, and other students on the achievement continuum ☑ Other (Specify): Under-identified Gifted/Highly Capable student populations will be served and others along the achievement continuum			
In one-hund words or les describe the vision of you school	ss, briefly e mission and	Enrollar Vision: Mission students designe Core V 1. Exc	nent: 456 stu Developing n: New Horiz s providing a d to prepare s	dents Future Leaders ons Academy 6	s by C encour lturall	ry Charter School closing the Opporages life-long longly ty responsive enouting citizens.	ortunity Gap.	



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- 3. Resilience
- 4. Character

New Horizons Academy strives to address the opportunity gap for marginalized student populations (under- performing & underidentified gifted). We will offer culturally responsive instruction, timely interventions and personalization for students K-5 (via expanded school year). Enrichment opportunities along with the performing arts (dance, visual art, music-choral and instrumental).

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

Signature of Primary Contact

organization.

Date