



Illinois State Board of Education

100 North First Street
Springfield, Illinois 62777-0001

APPEAL COVER SHEET

CHARTER SCHOOLS DEPARTMENT

BASIS FOR JURISDICTION (select and complete only one)

<input type="checkbox"/> NON-RENEWAL OF CURRENT CHARTER Authorizing District: _____ Date of Local Board Vote: _____	<input type="checkbox"/> REVOCATION OF CURRENT CHARTER Authorizing District: _____ Date of Local Board Vote: _____
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CHARTER HOLDER CONTACT INFORMATION

PRIMARY CONTACT NAME	PRIMARY CONTACT PHONE	PRIMARY CONTACT EMAIL
ATTORNEY CONTACT NAME	ATTORNEY CONTACT PHONE	ATTORNEY CONTACT EMAIL

List name, role, and key organizational affiliation(s) of all governing board members and members of the school's leadership team. *If applicable, also include this information for the leadership team of any Charter Management Organization or educational service provider affiliated with the charter school.*

GOVERNING BOARD MEMBERS and MEMBERS OF THE SCHOOL'S LEADERSHIP TEAM

Name	Role With School	Organizational Affiliations