# Chicago Education Partnership™

Tier 2 Submission

Appendix A

Letters of Support
Petitions
&
Intent to Enroll Forms





November 27, 2013

To Whom It May Concern,

This is a letter of support from BUILD, Inc for By the Hand Club for Kids along with Chicago Education Partnership as they establish a new charter school in the Austin Community. As a fellow youth services organization with headquarters in the Austin community, BUILD recognizes how valuable the charter school is for this community given the fact that about 12,000 5-14 year old students currently go to school outside of their neighborhood. We are in full support of this charter school, because it aligns with and supports our mission. BUILD's mission is to engage at-risk youth in the schools and on the streets so they can realize their educational and career potential and contribute to the stability, safety and well-being of our communities.

By the Hand Club for Kids has a seven year track record in the Austin community and has also provided successful results in the youth that they serve. We are confident in their ability to extend their efforts by providing the same support in a charter school that it currently provides to the youth served by By the Hand Club for Kids. Not only do we believe in the power of education, but we also trust that By the Hand Club for Kids and Chicago Education Partnership have the capacity to provide and implement high quality education through their rigorous academic curriculum, personalized learning and strong parent empowerment and engagement – all of which are essential to the growth of our youth.

Therefore, we wholeheartedly support By the Hand Club for Kids proposal for this greatly needed Charter School in our Austin community.

Sincerely,

Roslind Blasingame-Buford, Ed.D

**Executive Director** 

# Greater St. John Bible Church

1256 North Waller Chicago, IL 60651

(773) 378-3300

website gsjbchurch.org



Fax (773) 378-3376

email info@gsjbchurch.org

November 27, 2013

To whom it may concern:

I am writing this letter to lend my voice and support to Mrs. Donnita Travis and the "By The Hand Club" in their pursuit of building and establishing a new charter elementary school for the Austin community. It is vital that all children, regardless of economic status, have the opportunity to receive a quality education within the Chicago Public School system without having to be bused 20 miles to get it. Within CPS, 12,000 students ages 5 to 14 years old currently attend schools outside of their neighborhood. Parents and students need better options where they live and By The Hand is offering that!

When reviewing **By The Hand's** track record, it's evident that they are true to their mission and are transforming the lives of children and holistically preparing them to compete in a global economy. It is certainly the kind of transformative culture that I embrace and endorse. Their commitment to CEP's cultural values is impressive as well as inspirational.

I earnestly believe that when the vision for this school comes into fruition it will provide exceptional opportunities for parents and children in Austin. Parents will have an opportunity to have a high caliber, newly built educational facility which offers their children individualized learning plans. Students will have access to new technological resources ensuring that they succeed in areas where they require additional educational support.

Wherein I wish all schools had the amenities that we see at the **By The Hand schools**, the truth is we must start where we are. We must respond to the urgent need for a new school in the Austin neighborhood. I understand for many supporting this cause is controversial, but as a father, pastor and community leader I endorse this school as another viable option for education for all families within the Austin area.

Sincerely,

Am K. Ucrel
Rev. Ira J. Acred, Sr. Pastor



October 21, 2013

To Whom It May Concern:

It is with great pleasure that I write this letter in support of By the Hand Club and their proposal for opening a charter school in the Austin Community. As the largest supportive housing provider for homeless adolescent parents and their children, New Moms sees, firsthand the impact of poverty and lack of education among children and youth. Without a quality education, our children cannot escape the cycle of violence and hopelessness that they see in their future.

By the Hand Club has a long history of walking along side children and their families to help them realize their full potential and every child deserve someone in their life that will believe in them. The new Charter School, proposed by BTHC, will provide that support along with a tuition-free quality education, to children that could not afford to pay for this type of education. Children and youth on the West Side of Chicago, deserve opportunities like the one proposed by BTHC.

Sincerely,

Audalee McLoughlin President & CEO

Dusele Watonghe



# To Whom It May Concern:

As a business owner and resident of this community on the Westside of Chicago, please acknowledge my full support for the application of Chicago Education Partnership Charter School, which I believe will be a valuable school option for students and families in this community.

Leaders from the school have presented the vision and plans for the school to me and I found the plans to show evidences of high academic standards, frequent and meaningful assessment and impactful, individualized learning through the incorporation of technology and innovative teaching strategies. With it's mission of creating a school that dramatically transforms the lives of K-8 students and prepares them for success in college and in life through: the delivery of a rigorous and personalized academic program, a focus on holistic education and the development of strong character, Chicago Education Partnership will be

Partnership Charter School is a school that I am excited to welcome into our school community.

I am also excited about CEP's partnerships with By the Hand Club for Kids, an organization that has been serving the Austin community for more than seven years and one that has an amazing track record of success. From the beginning of their time in the community, By the Hand has literally and figuratively taken children by the hand and walked along side them from 1st grade through college grade and seen wonderful results. This collaboration promises to yield great results for students at the Chicago Education Partnership Charter School.

I strongly recommend that you approve Chicago Education Partnership Charter School's application to establish a charter school in the Austin community. I will personally help in any way that I can to make their vision real in the live of our children.

Sincerely,

Mary G. Denson, Publisher

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# Chicago Education Partnership\*\*

A Tuition-Free Public Charter School

# COMMUNITY PETITION FORM

As a member of the west side of Chicago, where Chicago Education Partnership intends to open a charter school, I am signing this petition to affirm that I have read Chicago Education Partnership's mission and agree that there is an urgent need for this school in our community and would like to see Chicago Education Partnership open a public charter school in the fall of 2015.

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Cultural Values	<ul> <li>Curiosity</li> </ul>	<ul> <li>Perseverance</li> </ul>	<ul> <li>Respect</li> </ul>	Self-confidence	<ul> <li>Courage</li> </ul>
	Student Ownership Culture	Reading Emphasis	Character Development	By The Hand Club After School	Social & Emotional Needs Addressed
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Core Principles	<ul> <li>Student Centered/Personalized</li> </ul>	<ul> <li>High Expectations</li> </ul>	<ul> <li>Self-Pacing &amp; Mastery-Based</li> </ul>	Blended Instructional Model	<ul> <li>Feedback/Data Driven</li> </ul>

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Name: Shiles Kyle
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- Social & Emotional Needs Addressed

Name: ST FTON KYLE	
Address (w/zip): 922 N. MARION DAKPARK 603	27

Email: CLIFFKI/LEWCONC	AST . NET	Phone:	
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# Chicago Education Partnership

A Tuition-Free Public Charter School

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Cultural Values

Curiosity

Respect

Courage

Cultural Values

Curiosity

Respect

Courage

Perseverance

Self-confidence

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Self-confidence

### Core Principles

- Student Centered/Personalized
- High Expectations
- Self-Pacing & Mastery-Based
- Blended Instructional Model
- Feedback/Data Driven
- Student Ownership Culture
- Reading Emphasis
- Character Development
- By The Hand Club After School

Social & Emotional Needs Addressed Name: 6/audit Address (w/zip): 1350 S. Harding Ave #412 Email: Cap 22 10 Ve 140 yahoo Phone: 804-1249

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Name: July Robertson	Hunston		
Address (w/ zip):596/ W	Miduay	PARK	44 200
Email: Jedy Robustson (1196	,		

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<ul> <li>Social &amp; Emotion</li> </ul>	al Needs Addressed
Name: NL FORR	
Address (w/ zip): 1118 /	19th Melkose PK. 6016
Email:	Phone:

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٠	Student Ownership Culture
•	Reading Emphasis
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By The Hand Club After School

Cultural Values

Curiosity

Respect

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Phone:

Perseverance

Self-confidence

- Curiosity
- Perseverance
- Respect
- Self-confidence
- Courage

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Email: trucie mitchelle apor Phone: 173

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Name: Address (w/zip): 5/49 %. Dloomingdale Are
Checago, Il. 6063 fg/
Phone: 804-1935

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Name: DARRYL K. fitty

Address (w/zip): 61415, Greenwood 60637

Email Garryl Petty Clear Method: 925-3352

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- Courage

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Name: Corey Humphrey
Address (w/zip): 4226 W. Washington
Email: Cryhumphrey 1246 GMG hoominne: 773-396-1963

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Name: HIT'e Wart	101		
Address (w/ zip): 633 M		Ave	60624
Email: alfremrtn3eya		•	
	ŕ		nom 2-282-0890 <sub>ca</sub>

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Name: JESSICA 1	Flens
Address (w/ zip): 5915 W €	irie Chicago loped 4
Email: Driallen 880	10had Ophone
	7738/100128

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Name: LeRay	Horwood	
Address (w/zip): 174	1 N-Lockwood	(1/0290 62

nuuress (W/ Zip): / / / / / / / / / / / / / / / / / / /	
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	277295488
D 45	1)1045840
Email:	Phone: / / > 0 - 3 - 3

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Name: BILL Rus	53 ECC	
Address (w/zip): 1827	S 127 HAUG	MAJULLES
Email:	Phon	e: <u>630 240</u> -8

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•	Social & Emo	tional Needs	Addressed			
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	w/zip): <b>57</b> /			606	344	
Smail;			Pł	7:	3-921 2012	•

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Address (w/ zip): <u>5204</u>	W BLOOMINGO ALE
Email:	77ろ672 Phone: 3127

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Name: Frank Smith Ir
Address (w/zip): 5806 W. Fult(701
Email: FSmith 6923 MAMAIL COMPhone: 76554030

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Name: _	ED	104	103	SON

Address (w/zip): 505 W SCE	67644

Email: Phone: 32 55 55	
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Name: JimmiE RhodES	
Address (w/zip): 4/0 N PINE AV	~
Email: Chilys 60 644 Pinone: 7/3-98370	3

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Name: Iesha Polk
Address (w/zip): 5718 N. Supersoc, 60644
Email: ieska-polkayahou-com Phone: 773-454-95
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Student Ownership Culture

By The Hand Club After School

Character Development

Reading Emphasis

# Cultural Values

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Perseverance

- Self-confidence
- Courage

<ul> <li>Social &amp; Emotional Needs Addressed</li> </ul>	!	
Name: Jelly Lawis		
Address (w/zip): 18N Pine		
Email:	Phone	 

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Name:Clasence	Wealer	
Address (w/ zip): <u>75</u>		l
Email:	Po	630 Phone: 728-3557

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Name: Kamala Wells	
Address (w/zip): 1938 3. 13 fun	E Broadview
Email:	Phone: (224)698-0149

Social & Emotional Needs Addressed

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Name: EVELYN Brackhau

Address (w/zip): 5500 W. GNZOLYS

Email: MISSBrackshaw Phone: 746

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- Student Ownership Culture
- Reading Emphasis
- Character Development

<ul> <li>By The Hand Club After School</li> </ul>
<ul> <li>Social &amp; Emotional Needs Addressed</li> </ul>
Name: Dorth Mesere
Address (w/zip): 6313 W. Jullestan
Email: 7,72 682
50/2

ChicagoEducationPartnership\*

A Tuition-Firee Public Charter School

# COMMUNITY PETITION CARD

As a member of the west side of Chicago, where Chicago Education Partnership intends to open a charter school, I am signing this petition to affirm that I have read Chicago Education Partnership's mission and agree that there is an urgent need for this school in our community and would like to see Chicago Education Partnership open a public charter school in the fall of 2015.

Mission: Our mission is to create a school that dramatically transforms the lives of K-8 students and prepares them for success in college and in life through: the delivery of a rigorous and personalized academic program, a focus on holistic education and the development of strong character.

# Core Principles

- Student Centered/Personalized
- High Expectations
- Self-Pacing & Mastery-Based
- Blended Instructional Model
- Feedback/Data Driven
- Student Ownership Culture
- Reading Emphasis
- Character Development
- By The Hand Club After School

Social & Emotional Needs Addressed
Name: Buglas Hausen Douglas Hansen
Address (w/zip): 18 N. Central Ave.
Email:Phone: 773 261-87

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# TER OF INTENT TO ENROLL

letter of Intent to Enroll is used to demonstrate interest in having your child(ren) attend the new Chicago Education rtnership charter school planned to open in fall of 2015. Signing this letter of Intent does not obligate your child to attend hicago Education Partnership charter school nor does it guarantee admission. We will enroll Kindergarten and first grade students only in 2015. We will grow by one grade every year until we are a full K - 8th grade school. Upon approval of our charter school, we will contact you to initiate an application process.

Student(s) Information	lication process.
Full Student Name: Rashygo Fa	M e.s
Current Age/Grade: Pre-   3 years old	
Enrolled in Day Care or Pre-school Yes No	4 years old
	If yes, what Day Care or Pre-school?
Full Student Name:	- Venous
Current Age/Grade:	
Front 1: D	4 years old
Enrolled in Day Care or Pre-school  Yes  No	□ Pre-K
Full Student Name:	If yes, what Day Care or Pre-school?
Current Age/Grade:	
Enrolled in Day Care or Pre-school  Yes  No	4 years old
	If yes, what Day Care or Pre-school?
Parent or Guardian Information	Care of Pre-school?
Name (Last, First):	
Relationship: Mother 77	dshanda
Relationship: Mother Father Legal Guardian Foste	er Parent Other
Address 52/9 Street: /	- Onici
Phone: 7 D2 C2	ashington Apartment No.: 28
L State:	shington City: Chicago
How did you be a long of the state of the st	Shington Zip Code: 6064W
How did you hear about Chicago Education Partnership?	60644
☐ Home Visit/From	D.C
1)	Community Event/At
I, hodshanda Trammel	Other Reex Chunn
to the new Chicago Education Partnership charter school in the	in sending my child(ren), he Austin Community in fall 2015.
Single Control of the	the Austin Community in fall 2015
Signature / narryhil	alo 1.0,
We appreciate	
We appreciate your comments and suggestions for the new Chic drop a note in our comment & suggestion box at 415 N. Larami 73.614.7560 (text)	Carro F.L.
drop a note in our comment & suggestions for the new Chic 173.614.7560 (text)	ie or contact us:
Facebook	k.com\CEPCharterSchool www.chicagood

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Student(s) Information	·		
Full Student Name:	Janna Tramin	1e/	
Current Age/Grade:	☐ 3 years old	4 years old	₩ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □ No	If yes, what Day Care or Pre-school	?
Full Student Name:			
Current Age/Grade:	☐ 3 years old	4 years old	□ Pre-K
Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care or Pre-school	?
Full Student Name:			
Current Age/Grade:	□ 3 years old	4 years old	□ Pre-K
Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care or Pre-school	}
Parent or Guardian Informatic	on		Maria de la companya
Name (Last, First):	shell Roch	ell	
Relationship: Mother Fathe	r 🗆 Legal Guardian 🗅 Foster Pa	rent WOther Brand	her
Address 5527 W. Was	Lington Street Washin	Apartmo	ent No.: 308
Phone: 312-112-183	Street:	City:	hicago
Email: Codshanda Loanne	(6) y. (3) State: EL	Zip Coo	le: 60644
How did you hear about Chica	go Education Partnership?		
□ Word of Mouth/From		Community Event/At	· / 8 / / / / / / / / / / / / / / / / /
☐ Home Visit/From		DOther	VC Columbia
i, Kochell Mit	CNEW, am interested in	sending my child(ren),	are Profice T
to the new Chicago Education	Partnership charter school in th	e Austin Community in fall 20	015.
Shocholf In	itall		
Signature	·		

We appreciate your comments and suggestions for the new Chicago Education Partnership charter school. Please feel free to drop a note in our comment & suggestion box at 415 N. Laramie or contact us:

773.614.7560 (text)

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Student(s) Information		<u>-</u>			
Full Student Name:	m	JA. N	10080E	) 	WWW.
Current Age/Grade:	Age/Grade: 3 years old				□ Pre-K
Enrolled in Day Care or Pre-school	□Yes □	No	If yes, what Day Care or F	Pre-school?	VLI Roscald
Full Student Name:	,				
Сштепt Age/Grade:	□ 3 years	s old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	☐ Yes ☐	No	If yes, what Day Care or F	re-school?	
Full Student Name:					
Current Age/Grade:	☐ 3 years	old	□ 4 years old		☐ Pre-K
Enrolled in Day Care or Pre-school	☐ Yes ☐	No	If yes, what Day Care or P	re-school?	
Parent or Guardian Information	Òπ	†:			
Name (Last, First):	- January	oniels	Key	79	
Relationship: O Mother	er 🗆 Lega	l Guardian 🛭 Foster Pa	rent Other		
Address \ \ \ \ \	/ <sub>g</sub>	Street: L. U.	R file	Apartmen	t No.: 1
Phone:		Street:		City:	1000
Email:		State:		Zip Code:	60639
How did you hear about Chica	go Educat	ion Partnership?			
☐ Word of Mouth/From			🗆 Community-Eve	nt/At	
☐ Home Visit/From	- (		ther	1, CCK	y Count
Karene Ma	Darie	, am interested in	₹ V © V № sending my child(ren	), <u>*</u>	Limora
to the new Chicago Education	Partnersh CUNU	ip charter school in th	ne Austin Community	in fall <sup>#</sup> 201	.5.
Signature					

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Student(s) Information					
Full Student Name:	ection	Thor	ra -		
Current Age/Grade:	☐ 3 years old	4 years old	Q-Pre-K		
Enrolled in Day Care or Pre-	school <b>Q</b> Yes <b>Q</b> No	If yes, what Day Care	or Pre-school? Chan	<i>/</i> \	
Full Student Name:					
Current Age/Grade:	□ 3 years old	□ 4 years old	□ Pre-K		
Enrolled in Day Care or Pre-	school Yes No	If yes, what Day Care	or Pre-school?		
Full Student Name:					
Current Age/Grade:	□ 3 years old	□ 4 years old	□ Pre-K		
Enrolled in Day Care or Pre-school  Yes  No  If yes, what Day Care or Pre-school?					
Parent or Guardian Info	rmation			<del></del>	
Name (Last, First):					
Relationship:   Mother	Father 🗆 Legal Guardian 🗅 Foo	ster Parent 🚨 Other			
Address	Street:		Apartment No.:		
Phone:	Street:		City:		
Email:	State:		Zip Code:		
How did you hear about	Chicago Education Partnership	}			
☐ Word of Mouth/From _		□ Community	Event/At	<u>.</u>	
☐ Home Visit/From			heer Calbun	D 1	
, Den	US, MAMW am interes	sted in sending my child(	ren), DayCure	Provider —	
to the new Chicago Educ	ration Partnership charter schoo	I in the Austin Commun	ity in fall 2015.		
Signature	1 may				

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Student(s) Information	F-	•.		
Full Student Name:	ius tin	Bru		
Current Age/Grade:	3 years old	4 years old	□ Pre-K	
Enrolled in Day Care or Pre-school	Yes DNo	If yes, what Day Care or	Pre-school?	
Full Student Name:	unt			
Current Age/Grade:	☐ 3 years old	4 years old	□ Pre-K	
Enrolled in Day Care or Pre-school	O Yes O No	If yes, what Day Care or	Pre-school?	
Full Student Name:				
Current Age/Grade:	Cl 3 years old	CI 4 years old	C Pre-K	<b>-</b>
Enrolled in Day Care or Pre-school	Yes No	If yes, what Day Care or	Pre-school?	
Parent or Guardian Informati	ion (			_ <b>-</b>
Name (Last, First):	cunt	Dush	value N	
Relationship: Mother Fath	ner 🛘 Legal Guardian 🖵 Foste	r Parent 🗆 Other		1
Address 4 42 W.C	Ores Street.	·	Apartment No.:	
Phone: 08-473-780	Street:		Cipil han	1
Email:	State:		Zip Code: 60624	
How did you hear about Chic	ago Education Partnership?			
☑ Word of Mouth/From		Community E	vent/At	
Home Visit/From		□ Other <u></u>	heery Usul	10
, Ryshaun Brui	am intereste	ed in sending my child(re	214 Claretrov	ider
to the new Chicago Education	n Partnership charter school i	n the Austin Communit	y in fall 2015. The Bru	int 20
Signature	The second secon		- woilly	or a

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Student(s) Information	11 1		
Full Student Name:	mont	AMA	rson
Current Age/Grade:	☐ 3 years old	4 years old	□ Pre-K
Enrolled in Day Care or Pre-school	Yes 🗆 No	If yes, what Day Care or Pre-school	Leey li/Restall
Full Student Name:			
Current Age/Grade:	☐ 3 years old	4 years old	□ Pre-K
Enrolled in Day Care or Pre-school	Yes O No	If yes, what Day Care or Pre-school	
Full Student Name:	· · · · · · · · · · · · · · · · · · ·		
Current Age/Grade:	☐ 3 years old	4 years old	□ Pre-K
Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care or Pre-school	
Parent or Guardian Information	on		
Name (Last, First):	Atson.	Delong	don
Relationship: Mother Wathe	r 🗆 Legal Guardian 🗅 Foster Pr	arent 🗆 Other	
Address 5232Wfor	OMAG Street: PC	tomac Apartm	ent No.: B
Phone 708 - 407-1/6		City:	han
Email:	State:	Zip Co	de: 1606
How did you hear about Chica	go Education Parthership? Sery — Lunn '	JAY CARSON  Community Event/At_	rider
☐ Home Visit/From		Other	
I, <u>De London</u> to the new Chicago Education Signature	Partnership charter school in t	n sending my child(ren),/ he Austin Community in fall 2	Ohmonsay WATSON 1015.

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Student(s) Information				
Full Student Name:	Kia Tramn	nel		
Current Age/Grade:	☐3 years old	□ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	Yes O No	If yes, what Day Care or Pro	e-school? Li/S	Rascual
Full Student Name:				
Current Age/Grade:	☐ 3 years old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	Yes 🗆 No	If yes, what Day Care or Pre	e-school?	
Full Student Name:		**************************************		
Current Age/Grade:	☐ 3 years old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school				
Parent or Guardian Informatio	on			
Name (Last, First):	-chell Ko	chell		
<u>-</u>	r 🚨 Legal Guardian 🚨 Foster Pa	rent Other		
Address 55 27	Street: Washi	noton	Apartment	:No.: 308
Phone: 3/2-772-18	39 Street:		City: C	hicag O
Email: PENISE /4a.	COM State: IL.		Zip Code:	40644
How did you hear about Chica	go Education Partnership?	nh	C C P	x Callunn
□ Word of Mouth/From		Community Even	ıt/At	7
☐ Home Visit/From	2	Other	Ca	re Provider
i, Bochell Mit	Cheff, am interested in	sending my child(ren)	, Graf	ddaughtek
to the new Chicago Education	Partnership charter school in the	ne Austin Community in	n fall 201	5. <i>V</i>
Signature	* ************************************			

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Student(s) Information					
Full Student Name:	RJE	131	rd		
Current Age/Grade:	furrent Age/Grade: 23 years old				□ Pre-K
Enrolled in Day Care or Pre-school	9-Xes 0	No	If yes, what Day Care or I	Pre-school)	Rascals
Full Student Name:		`		<del></del>	
Current Age/Grade:	☐ 3 years	old	4 years old		☐ Pre-K
Enrolled in Day Care or Pre-school	No	If yes, what Day Care or F	re-school?		
Fuli Student Name:			·		
Current Age/Grade:	☐ 3 years	old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school    Yes    No			If yes, what Day Care or Pre-school?		
Parent or Guardian Informatio	n				
Name (Last, First):	<u>/ (</u>	-acrice			
Relationship: DeMother	r 🛭 Legal	Guardian 🗖 Foster Pa	rent Other		
Address (811 N.		Street: LW	JAME	Apartmen	t No.13 Sm+
Phone: 773-495-8494		Street:		City:	Chao
Email:		State:	•	Zip Code:	60639
How did you hear about Chicag	go Educat	ion Partnership?			
☐ Word of Mouth/From			🗆 Community Eve	nt/At	<u> </u>
□ Home Visit/From	y	, am interested in	Other	y Ca kes ), _ S	reprovider Til Rascafa Riel Ball
to the new Chicago Education	Partnershi	p charter school in th	e Austin Community	in fall 201	.5.
Signature \(\begin{array}{c} \bigcup \end{array}		40			

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Student(s) Information	,	11 1			
i i	on i	Jae Phili	bert	THE PROPERTY OF THE PROPERTY O	WWW. Washington Commenced in the second company of the Company of
Current Age/Grade: 4 Pre-Schwl	3 years	s old	4 years old		☑ Pre-K
Enrolled in Day Care or Pre-school	ù Yes □	No	If yes, what Day Care or F	re-school?	Day Care
Full Student Name:	- Coppey	NY PANINCENTE THE SHELL HAVE AND AN AND AN AND AND AN AND AN AND AN AND AND	элсэжжэжжэлтан тэхж үнэх хүүлэр араа тамж хүүдэд үйд үүү уйлайж элсэж жэгж жагар хаар араад араад ар	gyvanovovovovovovovovovovovovovovovovovovo	
Current Age/Grade:	☐ 3 years	s old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	☐ Yes ☐	No	If yes, what Day Care or P	re-school?	
Full Student Name:		NAMENTIAN PROPERTY STATE STATE AND AN AND AN AND AN AND AN AN AND AN ANALYSIS AND ANAL	VP III MARIAN III MARIAN ET PARSA SELEVA PER III MARIAN III PARI I	eritiin ta'a ka ministra marana marani ka ka ka ajanga y	
Current Age/Grade:	☐ 3 years	old	☐ 4 years old	West An	☐ Pre-K
Enrolled in Day Care or Pre-school	☐ Yes ☐	No	If yes, what Day Care or Pre-school?		
Parent or Guardian Informatio	)1 <u>1</u>	And the state of t		Millooder-0-20-20-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	
Name (Last, First):	hardo	V	AND AND AND COMMENTAL TO A TO THE RESERVE OF THE STATE OF	<del>ochowa zame za prop</del> pop	
Relationship: Mother DFathe	r 🗆 Lega	l Guardian 🛭 Foster Pa	arent Other	TO STATE OF THE ST	Zacidas (Adda stablywana may pysty (May CASO) (1884 Cacida (Adda Adda Adda Adda Adda Adda Adda A
Address 4728 W.Ra	ce	Street:	and the state of t	Apartmen	it No.: 18++PLWT
Phone: 1773-812-62	-54	Street:	And the state of t	C:+	hiago
Email:	муст тетурия подражения поднажения поднажения поднажения поднажения поднажения поднажения поднажения поднажения	State: Zllinoi.		Zip Code:	
How did you hear about Chica	go Educat	ion Partnership?		CONTRACTOR OF THE PROPERTY.	
Word of Mouth/From			🛱 Community Eve	nt/At	By the Hand Club
Home Visit/From			Other	***************************************	t.
s, Charday Ben	50r	, am interested in	n sending my child(ren	, Ha	moni J. Philibert
to the new Chicago Education	Partnersh	ip charter school in th	ne Austin Community i	n fall 201	15.
Charday Bon	3				
Signature /					
We appreciate your comments:	and sugges	stions for the new Ch	icago Education Partne	ership cha	arter school. Please feel free to

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Student(s) Information		<u> </u>			
Full Student Name: Hailes	, Joh	n Son			
Current Age/Grade:	🗹 3 years ol	Id A	□ 4 years old		☐ Pre-K
Enrolled in Day Care or Pre-school	□ Yes Φ⁄No	· Only began	If yes, what Day Care or P	re-school?	
Full Student Name:		700			1
Сипелt Age/Grade:	☐ 3 years ol	ld	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □ No	0	If yes, what Day Care or P	re-school?	
Full Student Name:					
Current Age/Grade:	Current Age/Grade: 🔲 3 years old				□ Pre-K
Enrolled in Day Care or Pre-school  Yes  No			If yes, what Day Care or Pre-school?		
Parent or Guardian Informatio	n			· · · · · · · · · · · · · · · · · · ·	
Name (Last, First):	Nards	= Felici	a	•	
Relationship: 🗘 Mother 🗖 Fathe	r 🗖 Legal C	Guardian 🗖 Foster Pa	rent 🛮 Other		
Address 1344 N.	S	Street: Lava	mil	Apartmen	t No.:
Phone: 708.629-945	-g 8	Street:		City:	Chicago
Email:	1	State: IL		Zip Code: LOG 51	
How did you hear about Chicag					
Word of Mouth/From	455A	MDIA WH	Community Eve	ent/At	
☐ Home Visit/From	4		Other		
I, Feligia Edward to the new Phicago Education	inds_	, am interested in	sending my child(ren	), <u>flai</u>	Ley Johnson
to the new Chicago Education	Partnership CC	Charter school in th	e Austin Community	in fall 201	15. (
Signature					

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Student(s) Information	markinniki movenie indanemovana saman mikerovi i takininisi ikisk			oten en e	gytyspyd maeth ar ann a character a charac
Full Student Name: Srian	ma B	ur ton	•		
Current Age/Grades Head Start RESCHOOL	🗹 3 years old		☐ 4 years old		🖸 Pre-K
Enrolled in Day Care or Pre-school	¶Yes □ No	Manage of the Control	If yes, what Day Care or l	Pre-school?	lother's Love
Full Student Name:	ANNO ENCOUNTE CONTRACTOR CONTRACT		agisapungan pagakan menandahan dengan dan menandah menandah menandah menandah menandah menandah menandah menand	talensilmaan valmisiikuussaksaan muutumisiin läheli kääntelis	<u></u>
Current Age/Grade:	ent Age/Grade: 🔲 3 years old		☐ 4 years old	1.00	☐ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □ No	leveklare van van sakamman voor voor van se de Valen võide heldelehe	If yes, what Day Care or l	Pre-school?	endele distillation in the contract of the con
Full Student Name:	O PORTO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANION DEL			AUTOCOCCONOLICO POR CONTRACTOR DE CONTRACTOR	
Current Age/Grade:	☐ 3 years old	and the control of th	🛘 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school  Yes  No			If yes, what Day Care or Pre-school?		
Parent or Guardian Informatio	)n	00 - 00 - 00 - 00 - 00 - 00 - 00 - 00			
Name (Last, First): Tiffen	14 5	Kwar	f	<del>ркоф из нич усок Адам измеся в хазак</del> а	A Dept
Relationship: O'Mother	r 🏻 Legal Guai	dian 🛭 Foster Pa	arent 🛘 Other	ki Milli friumderettenbill til Areiriteni (Art 1878)	acculated and policies and confidence and a system and account transfer and account to the confidence and account to the confi
Address 5535 W,	Stree	* Poton	na C	Apartmen	t No.:
Address 5535 W. Phone: 773-378-10	632 Stree	et:	one Correspondente de la companya d	City:	Chicaso
Email:	State	: 1		Zip Code:	Chicago 51
How did you hear about Chica	go Education P	artnership?	же (ну <u>се з жини место на него на госта госта с</u> е пред се на него в на него в него в него в него в него в него в	der (Commentende en de modern de des de la commente de la commente de la commente de la commente de la comment	NON-A de vertico de se disciole de la començación del la començación de la començación del la començación de la començación del
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We appreciate your comments and suggestions for the new Chicago Education Partnership charter school. Please feel free to drop a note in our comment & suggestion box at 415 N. Laramie or contact us:

773.614.7560 (text)

cepfeedback@gmail.com

Facebook.com\CEPCharterSchool

# Chicago Education Partnership"

# A Tuition-Free Public Charter School

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Student(s) Information		•	
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Current Age/Grade: 3	23 years old	G 4 years old	□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □ No	If yes, what Day Care or Pi	re-school?
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Enrolled in Day Care or Pre-school	☐ Ycs ☐ No	If yes, what Day Care or Pr	
Full Student Name:			
Current Age/Grade:	□ 3 years old	4 years old	G Pre-K
Enrolled in Day Care or Pre-school	U Yes Q No	If yes, what Day Care or Pre	***************************************
rent or Guardian Informatio	T.		
Name (Last, First): +Ola	nda Michel	Shielde	
The state of the s	☐ Legal Guardian ☐ Foster Pa	arent [] Other	
ddress 915 N .	Street: Montice	ello AV. 1	Apartment No.: 2814+
none (708) 890-8°	945 Street:	C	City: Chicaso
neil:	State: 1410	/ S Z	Gip Code: 60651
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Yolanda Shi	olds	C Other	1 1 1 01 00 1
1 Johanda )	artnership charter school in the	sending my child(ren), _ e Austin Community in f	Cortni M. Shield
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appreciate your comments and	d suggestions for the	<b>73.</b>	

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Student(s) Information		Same of the same o	
Full Student Name:	BreyIN 5 tex	shen.s	ALTO NATIONAL COSTOL CORRESPONDED COMMANDED AND ACCOUNTY
Current Age/Grade:	D 3 years old	4 years old	□ Pre-K
Enrolled in Day Care or Pre-	-school 🗆 Yes 🔑 No	If yes, what Day Ca	
Full Student Name:			
			A STATE OF THE PROPERTY OF THE
Current Age/Grade:	☐ 3 years old	4 years old	□ Pre-K
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Current Age/Grade:	□ 3 years old	A CONTRACTOR OF THE PROPERTY O	Therefore and point of purposes of the security of the securit
		Q 4 years old	☐ Pre-K
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arent or Guardian Infor	mation		the same of the sa
Name (Last, First):	tephens	7 14	
Relationship: 🗆 Mother 🔲	Father 🖸 Legal Guardian 🗘 Fos	oter Parent O Other	TOTAL LANGUAGE STATE OF THE STA
Address 7347 5.	and the second s	h WOOCI	Apartment No.:
Phone: 317.50	151,923 Street:		City: Of
Email:	C	marchinis marchinis (MCC) contractive (Marchinis and America and America (MCC) contractive (MCC) contr	Zip Code: GO (a) 9
Zita, m.s.		A	24 Code: 606/9
ow did you hear about C	hicago Education Partnership?	<u> </u>	
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		Other	
the new Chicago Educa:	ion Partnership charter school	ed in sending my child(i in the Austin Communi	ren), 13ry 2n Stepher
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Student(s) Information			
Full Student Name:	Sayla Burl	ranan	
Current Age/Grade:	☐ 3 years old	4 years old	W Pre-K
Enrolled in Day Care or Pre-	school Yes 🗆 No	If yes, what Day Ca	ure or Pre-school? Brun 801
Full Student Name:			and the same of th
Current Age/Grade:	☐ 3 years old	☐ 4 years old	□ Pre-K
Enrolled in Day Care or Pre-s	school 🗆 Yes 🖵 No	If yes, what Day Car	re or Pre-school?
Full Student Name:			
Current Age/Grade:	□ 3 years old	4 years old	□ Pre-K
Enrolled in Day Care or Pre-s	chool 🗆 Yes 🗆 No	If yes, what Day Car	e or Pre-school?
arent or Guardian Infor	mation	THE PROPERTY OF THE PROPERTY O	
Name (Last, First):	JOhnson	i C VSSO.	
Relationship: Mother	Father 🗆 Legal Guardian 🗆 Fo	ester Parent Other	
Address 9351	I A Street: AU	SAM	Apartment No.:
Phone: 773-397	9-9355 Street:	The second section is a second section of the second second section is a second	City: Chicocop
Email: Kilanya &	2) Valoria State: I	2	Zip Code: OOb S 1
ow did you hear about (	Chicago Education Partnership	}	
Word of Mouth/From _	assardicebl.	150Y 🗆 Community	Event/At
Home Visit/From		Other	
CASSANDIE	ation Partnership charter school	sted in sending my child	(ren) JAYIA KIKIN
the new Chicago Educa	ation Partnership charter schoo	l in the Austin Commun	nity in fall 2015.
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e approxiate :			
= appreciate your comme op a note in our comme	ents and suggestions for the ne it & suggestion box at 415 N. J	w Chicago Education Pa	artnership charter school. Please feel free to
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	✓ 3 years old	☐ 4 years old	The state of the s	□ Pre-K
Enrolled in Day Care or Pre-scho	ool 9 Yes 🗆 No	If yes, what Day Ca	ure or Pre-school	CHANNINGS
Full Student Name:				
Current Age/Grade:	☐ 3 years old	☐ 4 years old	And the second s	□ Pre-K
Enrolled in Day Care or Pre-school G Yes G No		If yes, what Day Car	If yes, what Day Care or Pre-school?	
Full Student Name:			erene erigestur ikeelmen eriin elektrisiista konsuurla konsuurla seessa konsuurla konsuurla konsuurla konsuurla	
Current Age/Grade:	☐ 3 years old	4 years old	PROTOCOLOGICAL PRINCETORY SHAPE AND	□ Pre-K
Enrolled in Day Care or Pre-school Cl Yes Cl No		If yes, what Day Care	e or Pre-schoo!?	
went or Guardian Informs	tion	WE adopted the second of the s	and the second s	
Vaine (Last, First): FIEMIA	JG-HAPPIENA		THE PARTY OF THE P	
cattonamp: Jes iviourer — 1 Fati	her C Legal Guardian C F	Soster Parent Other	The state of the s	
ddress 328 N.	Street:	oster Parent 🛘 Other	Apartmen	t No.;
ddress 328 N. ionie: 173 647 424	Street:	SOSTER PARENT CONTROL  GAVENUE	_	
ddress 328 N.  ione: 173 647 424  mail:  NINA HARRISM:	Street: LON- Street: Street:	GAVENUE	_	
ddress 328 N. hone: 773 647 426  mail: NINA HARRISM  W did you hear about Chic	Street:    Street: LON:   Street:	GAVENUE	_	t No.: HICAGO
ddress 328 N.  none: 173 647 426  mail: NINA HARRISON  ow did you hear about Chic.  Word of Mouth/From	Street:  Street:  Street:  Street:  CO.COM ago Education Partnership	GAVENUE	City: C	HICAGO 60644
ddress 328 N.  ione: 173 647 424  mail: NINA HARRISON  w did you hear about Chic.  Word of Mouth/From  Home Visit/From	Street:    Street: LON:     Street:     State:     CO.COM     ago Education Partnership	Oster Parent 🗆 Other  G AVENUE  Of Community:  Other C.	City: C Zip Code:  Event/At  FANNI NO	HICAGO 60644
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Student(s) Information					
Full Student Name:	urla.	H MCX	MORRIS		
Current Age/Grade:	☐ 3 years	old	4 years old	j	□ Pre-K
Enrolled in Day Care or Pre-school	⊕ Yes □	No	If yes, what Day Care or	r Pre-school?	Youna schal
Full Student Name:		, , , , , , , , , , , , , , , , , , ,			7
Current Age/Grade:	☐ 3 years	old	4 years old		🖸 Pre-K
Enrolled in Day Care or Pre-school	□ Yes □	No	If yes, what Day Care or	r Pre-school?	
Full Student Name:	,	And the second s			
Current Age/Grade:	☐ 3 years	old	☐ 4 years old		☐ Pre-K
Enrolled in Day Care or Pre-school	Yes 🗆	No	If yes, what Day Care or Pre-school?		
Parent or Guardian Informat	ion		0		
Name (Last, First):	MOR	elis L	atrice	2	
Relationship: & Mother	ner 🗆 Lega	l Guardian 🛭 Foster Pa	arent 🛭 Other		
Address 5517	W.	Street: Ka Me	uling	Apartment	: No.:
Phone: 773-626-8	983	Street:		City:	hicaso
Email:		State: I	_	Zip Code:	60651
How did you hear about Çhio	cago Educa	tion Partnership?			
/ /	<u> ABSK</u>	ANDIA JOHN	<i>∖SW</i> )□ Community I	Event/At	
☐ Home Visit/From			Other		
Lathren	n CMO	USam interested i	in sending my child(r	ren), <u>/ a</u>	yLaH MANCK
to the new Chicago Education	n Partnersh	nip charter school in t	he Austin Communi	ity in fall 201	15.
Latrice	MCA	Maris			
Signature					

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#### A Tuition Free Rubbs Charles School

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Student(s) Information					
Full Student Name: Kaliual	_ Ho	rris	дан жана Н (Аба стопия шиндин дан жана 1949 до	And the second s	
Current Age/Grade:	Old years	old	☐ 4 years old ·	**************************************	□ Pre-K
Enrolled in Day Care or Pre-school	or∕es □	No	If yes, what Day Care or	Preschool?	Kozy Korner
Full Student Name:			**************************************		
Current Age/Grade:	□ 3 years	old	Q 4 years old	***************************************	□ Pre-K
Enrolled in Day Care or Pre-school	☐ Yes ☐	No	If yes, what Day Care of	Pre-school?	<u>J</u>
Full Student Name:				***************************************	
Current Age/Grade:	□ 3 years	old	☐ 4 years old		☐ Pre-K
Enrolled in Day Care or Pre-school	O Yes O	No	If yes, what Day Care or Pre-school?		
Parent or Guardian Informati	on		4 11 2 11 11 11 11 11 11 11 11 11 11 11 1	***************************************	
Name (Last, First): Austin	Canill	e		**************************************	
Relationship: 🏖 Mother 🛛 Fath			wem 🖸 Other		
Address 5224 W. N. Vio	•	Street		Apartme	tt No.:
Phone: 773-921-6812		Street:		City: Chicano	
Email:		State JL		Zip Code 60 644	
How did you hear about Chica	ago Educ <u>a</u> t	ion Partnership?			
☐ Word of Mouth/From ☐	ollie	U Shern			
☐ Home Visit/From		**************************************		core	
1, Camille Austins		, am interested i	n sending my child(r	en), Kal	yah Harris
to the new Chicago Education	i Partnersh	ip charter school in t	he Austin Communit	y in fall 20	13.
Camille dustin					
Signature					

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### Education

### A Turtion Free Public Charges School

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Student(s) Information					
Full Student Name: Aliya	LRO	ay		The state of the s	
Current Age/Grade:	🗖 3 years	s old	years old		□ Pre-K
Enrolled in Day Care or Pre-school	Yes 🗆	No	If yes, what Day Care or I	Pre-school?	<u> </u>
Full Student Name:					
Current Age/Grade:	☐ 3 years	s old	☐ 4 years old		□ Pre~K
Enrolled in Day Care or Pre-school	□ Yes □	No	If yes, what Day Care or I	Pre-school?	
Full Student Name:				W. 2003.	
Current Age/Grade:	☐ 3 years	old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □	No	If yes, what Day Care or Pre-school?		
Parent or Guardian Informatio	(1)				
Name (Last, First):		MV-9444-M-1			
Relationship: 🗆 Mother 👊 Father	7	l Guardian 🛭 Foster Pa	rent 🛮 Other		
Address 620 N. Core	: [	Street:		Apartmen	( No.
Phone: (708) 699-006	23	Street:	City:		
Email:		State.		Zip Code	
How did you hear about Chicae			🛘 Community Ev	ent/At	
☐ Home Visit/From			Other		MANY Philadelle common a company on page 100 pa
I,	Partnersh Wo	, am interested in ip charter school in th	sending my child(rer ne Austin Community	ı), in fall 20	15.
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Student(s) Information					
Full Student Name: SKULO	a Mas	ion			
Current Age/Grade: AVIZ	☐ 3 years old		☐ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	XYes □ No		If yes, what Day Care or l	Pre-school?	Kidz Kozy Cume
Full Student Name:	-				
Current Age/Grade:	☐ 3 years old		☐ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	l Yes □ No		If yes, what Day Care or l	Pre-school?	
Full Student Name:					
Current Age/Grade:	ge/Grade: 🔲 3 years old				□ Pre-K
Enrolled in Day Care or Pre-school	l Yes □ No		If yes, what Day Care or Pre-school?		
Parent or Guardian Information	1				· · · · · · · · · · · · · · · · · · ·
Name (Last, First): Stande	W L	onnex4e	>		
Relationship:   Mother   Father	🗖 Legal Gua	rdian 🛭 Foster Pa	rent 🗅 Other		
Address (022 n Love	Stre	eti ORR		Apartment	: No.: 2
Phone: 773-699.9	1514 Stre	et:		City: C	hgo
Email:	State	e:		Zip Code:	(00644
How did you hear about Chicago					
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☐ Home Visit/From			Other		
, Lonnette Sto	anhap	, am interested in	sending my child(ren	), <u>SK</u>	yla Mason
to the new Chicago Education P	artnership ch	arter school in th	e Austin Community	in fall 201	5.
Jonnetto de	tolly				
Signature	$\mathcal{D}$		<del></del>		

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Student(s) Information					
Full Student Name: TO OY	ing House	C			
Си <del>п</del> елt Age/Grade:	3 years old	☐ 4 years old	-	□ Pre-K	
Enrolled in Day Care or Pre-school	☐ Yes 风 No	If yes, what Day Ca	are or Pre-school	)	
Full Student Name:	eah House	e			
Current Age/Grade:	☐ 3 years old	☐ 4 years old	***************************************	□ Pre-K	
Enrolled in Day Care or Pre-school	☐ Yes ▼No	If yes, what Day Ca	are or Pre-school?		
Full Student Name:					
Current Age/Grade:	☐ 3 years old	□ 4 years old		□ Pre-K	
Enrolled in Day Care or Pre-school	Yes No	If yes, what Day Ca	If yes, what Day Care or Pre-school?		
Parent or Guardian Informat	ion .				
Name (Last, First):					
Relationship: Mother 🖸 Fath		Foster Parent 🗖 Other			
Address (AS NLOVE	Street:		Apartme	ant No.: 2	
Phone:	Street:		City:	chao	
Email:	State:		Zip Cod	= 600011	
How did you hear about Chic	ago Education Partnershi	ip?			
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Home Visit/From		Other			
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o the new Chicago Educatio					
o the new Chicago Educatio Junuka <i>Gwora</i>					

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Student(s) Information						
Full Student Name: DION	Hatch-	)				
Current Age/Grade:	<b>⊊</b> 3 ye:	ars old	4 years old		□ Pre-K	
Enrolled in Day Care or Pre-scho	ool 🖾 Yes [	⊒ No	If yes, what Day	Care or Pre-school?	Corner	
Full Student Name:						
Current Age/Grade:	□ 3 ye	ars old	4 years old		□ Pre-K	
Enrolled in Day Care or Pre-scho	ool 🗆 Yes [	□ No	If yes, what Day C	Care or Pre-school?		
Full Student Name:		A STATE OF THE STA				
Current Age/Grade:	□ 3 yea	ars old	4 years old		□ Pre-K	
Enrolled in Day Care or Pre-scho	ool 🗆 Yes [	□ No	If yes, what Day C	If yes, what Day Care or Pre-school?		
Parent or Guardian Informa	ation					
Name (Last, First):		***************************************				
Relationship: Mother 🗖 Fa	ther 🛭 Leg	gal Guardian 🛭 Fos	ter Parent 🛭 Other			
Address 1045 W. 1045	real	Street:		Apartmer	nt No.:	
Address 1045 W. 1045t Phone: (773) 954-1	769	Street:		City:	))wood	
Email:		State:		LZm Code	: 104	
How did you hear about Ch	icago Educ	ation Partnership	>		of the state of th	
☐ Word of Mouth/From				uity Event/At		
☐ Home Visit/From		***************************************				
ſ <b>,</b>		am interes	tad in sanding my shi	:14()		
to the new Chicago Educati	on Partners	ship charter school	ted in sending my chi l in the Austin Comm	nunity in fall 20	15.	
Signature						
We appreciate your commend frop a note in our comment	nts and sugg & suggesti	gestions for the ne- on box at 415 N. l	w Chicago Education Laramie or contact us	Partnership ch	arter school. Please feel free to	

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A Turnon-Free Public Charter School

#### LETTER OF INTENT TO ENROLL

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Student(s) Information						
Full Student Name: Devaugh	n Alfa	xd				
Current Age/Grade: 3	Ø23 years	; old	🗀 4 years old		O Pre-K	
Enrolled in Day Care or Pre-school	U∕es □	No	If yes, what Day Care or LC5 K	Pre-school? OZY Ko	mer	
Full Student Name: DONAL	Alford					
Current Age/Grade: 5	☐ 3 years	sold	4 years old	Profes come de la companya de la com	<b>№</b> Pre-K	
Enrolled in Day Care or Pre-school	☐ Yes ☐	No	It yes, what Day, Care or	Pre-school?	Korner	
Full Student Name:						
Current Age/Grade:	□ 3 years	; old	☐ 4 years old		☐ Pre-K	
Enrolled in Day Care or Pre-school	O Yes O	No	If yes, what Day Care or Pre-school?			
Parent or Guardian Information		AMBARIAN MAJARIAN APARTA MAYAN YARI BIRITTIYA PARTA ARTISTIKA YARI BIRITTIYA ARTISTIKA ARAA ARAA ARAA ARAA ARAA	***************************************			
Name (Last, First): Alford, R	aSheel	a				
Relationship: 🗘 Mother 🛛 Fathe	er 🗆 Lega	l Guardian 🗆 Foster F				
Address 2217 W. 174 Stre	et	Street:		Apartme	nt No.:	
Phone: 713-531-22	94	Street:	City:			
Email:		State:		Zip Codu	ode:	
How did you hear about Chica	igo Educai	tion Partnership?	**************************************			
Word of Mouth/From <u>Dol</u>	Tie Sh	erman	🛘 Community E	vent/At		
☐ Home Visit/From						
1,		, am interested	in sending my child(re	:n),		
to the new Chicago Education	Partnersh	ip charter school in	the Austin Communit	y in fall 20	15.	
Signature						
We appreciate your comments drop a note in our comment 8	6060		4.7	tnership cl	narter school. Please feel free to	

773.614.7560 (text)

cepfeedback@gmail.com

Facebook.com\CEPCharterSchool

### Education

#### A Tuition-Free Public Charger School

#### LETTER OF INTENT TO ENROLL

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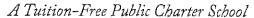
Student(s) Information	- ,	•	
Full Student Name: Chyn	a Mullburger		
Current Age/Grade:	☐ 3 years old	□ 4 years old	Q Pre-K
Enrolled in Day Care or Pre-sch	.ool ∕O Yes □ No	If yes, what, Day Care (	Pre-school? Korner
Full Student Name:			
Current Age/Grade:	☐ 3 years old	4 years old	□ Pre-K
Enrolled in Day Care or Pre-sch	ool 🗆 Yes 🗀 No	If yes, what Day Care o	r Pre-school?
Full Student Name:			
Current Age/Grade:	☐ 3 years old	4 years old	□ Pre-K
Enrolled in Day Care or Pre-sel	ool 🗆 Yes 🗀 No	If yes, what Day Care o	r Pre-school?
Parent or Guardian Inforn	nation	and a second	
Name (Last, First): Latees	a Tackson		
	ather 🛮 Legal Guardian 🗖 Fo	oster Parent 🗖 Other	
Address 623 N. W	Street		Apartment No.:
Phone:	Street:		Ciry:
Email:	State:		Zip Code:
How did you hear about C	hicago Education Partnershi	b}	
$\square$ Word of Mouth/From $\underline{D}$	ollie Sherman	☐ Community I	Event/Ar
☐ Home Visit/From		Other	
Signature	tion Partnership charter scho	ool in the Austin Communi	en), ry in fall 2015. rtnership charter school, Please feel free to
	it & suggestion box at 415 N		mp sharer sensor, i least tell free to

A Tuition-Free Public Charter School

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Student(s) Information	1			,
Full Student Name: RAC	KWON	CURRY		
Current Age/Grade:	2 3 years old	C)4 years old	* :	□ Prè-K
		If yes, what Day Care or	Pre-school?	
Aull Student Name: TRIN	TTE	MURPHY	/	
Current Ago/Grade:	3 years old	Q 4 years old		D Pre-K
Enrolled in Day Care or Pre-school	O Yes ONO	If yes, what Day Care or	Pre-school?	
Full Student Name:		A CONTRACTOR OF THE PROPERTY O	and a succession of the Control of t	
Current Age/Grade:	O 3 years old	Q 4 years old	(	O Pre-K
Enrolled in Day Care or Pre-school	O Yes O No	If yes, what Day Care or	Pre-school?	
Parent or Guardian Information	DO			
	MURPH	The state of the s	meun	J
Relationship: D Mother D Fathe	u Milegal Guardian 🗆	Foster Purent     Other		
Address 1424	Street //	. CONTRAL	Aparament	No.:
Phony 13 - 679-2	6/3 Street		City:	Ceteo.
Email;	Steta:		Zlp Code	60639
How did you hear about Chica	go Education Partners	hip?		00 111 12 -
☐ Word of Mouds/From	,	Community E	vent/At	n Wilex
☐ Home Visit/From		Other		
	11	crested in sending my child(re		
to the new Chicago Education	Partnership charter sch	hool in the Austin Community	y in fall 2015	ī.
<u>Crevo</u>		Control of the Contro		
Signature	With the last of t	venesses venescopranzo <u>ranne in <sub>de Co</sub>rg</u> ermentiden bleveries. "electede		
We appreciate your comments drop a note in our comment &			nership char	ter school. Please feel free to
773.614.7560 (text) cepfee	dpack@gmail.com	Facebook.com/CEPChartes	School	www.chicagoedpartners.org





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Student(s) Information					
Full Student Name: Jala	y . C	Noere	тамин жата жата жата жата байда байда байда байда жата жата байда жата жата жата жата жата жата жата жа	ard before the property of the contract of the	
Current Age/Grade:	🛘 3 year		454 years old	© Pre-K	
Enrolled in Day Care or Pre-school	er Yes O	No	If yes, what Day Care or	Pre-school? 10 (Mary Crane)	
Full Student Name:	THE REAL PROPERTY OF THE PROPE	his Handis (Barka) kalan k	нчкы 2 мет од на достава доста	the control of the co	
Current Age/Grade:	□ 3 years	s old	4 years old	□ Pre-K	
Enrolled in Day Care or Pre-school	☐ Yes ☐	No	If yes, what Day Care or	Pre-school?	
Full Student Name:	initial de de Commencial de Co	australierin valentiin kuusetta kantalaiset kantalaiset kantalaiset kantalaiset kantalaiset kantalaiset kantal Distriction valentiin kuusetta valentiin kantalaiset kantalaiset kantalaiset kantalaiset kantalaiset kantalais	т общения в стительной выправорождения от проводения в состоя в стой в стительной в стительной в стительной в В стительной в стительно		
Current Age/Grade:	☐ 3 years	old	4 years old	Ca Pre-K	
Enrolled in Day Care or Pre-school	□ Yes □	No	If yes, what Day Care or Pre-school?		
Parent or Guardian Informatio	n	ко-Мейской: Шталингории, организация (1979) (ком-ед.) АНКО (1964) (ком-ед.) Ком-ед. (1964) (ком-ед.) (ком-ед.) Ком-ед. (1964) (ком-ед.) (ком-ед.) Ком-ед. (1964) (ком-ед.) (ком-ед.) (ком-ед.) (ком-ед.) (ком-ед.) (ком-ед.)	ang Orangom kataharan 1844 a kanagnya papahapa-orangnya matahatah kison isin kapanya gang Mayamba M218		
Name (Last, First):	ams	la'Flora	КИ МАК ОН ОННИКТИТЕТ ПО ТОТОТИТЕТ В ОТВЕТИТЕТ В ОТВЕТИТЕТ В ОТВЕТИТЕТ В ОТВЕТИТЕТ В ОТВЕТИТЕТ В ОТВЕТИТЕТ В ОТ	TO THE THE PERSON AND A PERSON AND A SECURITY OF THE THE PERSON AND A SECURITY OF THE PERSON AND A SECU	
Relationship Mother D Father			rent D Other	other distribution of the second section of the sect	
Address 1851 5. Kedzie	2	Street: () Indat	40623	Apartment No.: 15 MOOR.	
Phone:	n Destruction of the Control of the	Street:	Marketinininin (Canada 200 gagagagagagagagagagagagagagagagagagag	City:	
Email:		State:	1994-1999-tali telebih di delebih dan kasil kemadi nga pemperangah delebih di delebih mada masa repangangang	Zip Code:	
How did you hear about Chicag		-	www.castacteraniae.com/castacterania/castacteraniae.com/castacteraniae	ent/At Mildred While	
J Word of Mouth/From J Home Visit/From			,	ent/At 11 (March March M	
6 14			-	1 - 1 - Magaza	
the new Chicago Education	Partnershi	am interested in	sending my child(ren	in 611 2015	
VALUE AND	~	p charter school in th	c rustin Community	m Iau 2013.	
71 · VVulla		<u> </u>			
ignature					

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Student(s) Information						
Full Student Name: Johna	than t	28140n	1			
Current Age/Grade:	☑ 3 years old		4 years old	*	□ Pre-K	
Enrolled in Day Care or Pre-school	Yes 🗆 No		If yes, what Day Care	or Pre-school	40011 COANS	MOIA
Full Student Name:						
Current Age/Grade:	□ 3 years old		4 years old		□ Pre-K	
Enrolled in Day Care or Pre-school	Yes 🗆 No		If yes, what Day Care	or Pre-school?		
Full Student Name:						
Current Age/Grade:	☐ 3 years old	s old 4 years old			□ Pre-K	
Enrolled in Day Care or Pre-school	Yes No		If yes, what Day Care or Pre-school?			
Parent or Guardian Information	1		<u> </u>	······································	***************************************	-
Name (Last, First):	1 100	05/Q				
Relationship: Mother  Father			arent 🗆 Other			
Address ble S. Mani	Acro Street:			Apartmen	<sup>t No.:</sup> 2E	
Phone 3-676-760.	3 Street:	エレ		City:		
Email:	State:			Zip Code: LOCOLU		<del></del>
How did you hear about Chicag	o Education Par	rtnership?				
		t	Community	Event/At		
Home Visit/From			Other	Inla	luf W	1 Chil
Jangela Goo	den_a	m interested i	n sending my child()	ren), <u>Jo</u> ʻ	nnathan	bull
o the new Chicago Education I	artnership char CCOLU	ter school in t	the Austin Communi	ity in fall 201	15.	
Signature J						

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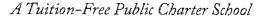
Student(s) Information				
Full Student Name: Mali	yah Logan		BAA-A-A-A-	
Current Age/Grade:	23 years old	☐ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	Yes 🗆 No	If yes, what Day Care or Pre	e-school? 7-CCC	nter molade
Full Student Name:			· · · · · · · · · · · · · · · · · · ·	
Current Age/Grade:	☐ 3 years old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care or Pre	e-school?	
Full Student Name:				
Current Age/Grade:	□ 3 years old	4 years old		☐ Pre-K
Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care or Pre-school?		
Parent or Guardian Informatio	on			
Name (Last, First): NUNCS	2 Melissa			
Relationship: WMother 🗖 Fathe	r 🔲 Legal Guardian 🖵 Foster P	arent 🚨 Other		
Address 1421 N. Marle	wood Street:		Apartment	No.:
Phone: 312.56666	10 Street:		City: Chicaso	
Email: NUML Melissa 700	State:		Zip Code:	
How did you hear about Chica	go Education Partnership?			
☐ Word of Mouth/From		🗆 Community Even	ıt/Aţ	
☐ Home Visit/From		DOther Mildre	ed h	iley
I, Mulissa Nuner to the new Chicago Education	, am interested i	in sending my child(ren),	Mai	ligh Logan
to the new Chicago Education	Partnership charter school in t	he Austin Community ir	n fall 201.	5.
Meling	N.			
Signature	)			

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Student(s) Information					
Full Student Name:	varion Kelly			11.11.11.11.11.11.11.11.11.11.11.11.11.	
Current Age/Grade:	□ 3 years old	4 years old		☐ Pre-K	
Enrolled in Day Care or Pre-school	PYes D No	If yes, what Day Gare or I	Pre-school? N U	After Chance	
Full Student Name:					
Current Age/Grade:	□ 3 years old	4 years old		☐ Pre-K	
Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care or I	Pre-school?		
Full Student Name:					
Current Age/Grade:	☐ 3 years old	☐ 4 years old		□ Pre-K	
Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care or Pre-school?			
Parent or Guardian Information	on		······································		
Name (Last, First):	is, Usa		·	1474071	
Relationship: Mother 🗖 Fathe	er 🗖 Legal Guardian 🗖 Foster Pa	arent 🛘 Other			
Address 5958	Street: SUR	Oy/U Aparti		it No.:	
Phone: 773-663-6	1862 Street:	City: ChiCax		Chicago	
Email: 1002 16604	16/10 State: III	Invis	Zip Code	60644	
How did you hear about Chica	go Education Partnership?				
	1	🛘 Community Eve	ent/At		
☐ Home Visit/From	/	Other M	Vacle	Cale Center	
	was, am interested in	n sending my child(ren	j leh	ed all	
to the new Chicago Education	Partnership charter school in the	he Austin Community	in fall 20	15.	
Signature	p				

We appreciate your comments and suggestions for the new Chicago Education Partnership charter school. Please feel free to drop a note in our comment & suggestion box at 415 N. Laramie or contact us:

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Student(s) Information	·			
Full Student Name: Mak	yan Alexa	ndria M	ules	
Current Age/Grade:	3 years old	₩4 years old	□ Pre-K	
Enrolled in Day Care or Pre-school	Ves □ No	If yes, what Day Care o	r Pre-school? My Crune-Molude	
Full Student Name:				
Current Åge/Grade:	☐ 3 years old	☐ 4 years old	□ Pre-K	
Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care o	r Pre-school?	
Full Student Name:				
Current Age/Grade:	☐ 3 years old	☐ 4 years old	□ Pre-K	
Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care or Pre-school?		
Parent or Guardian Information	on			
Name (Last, First):	1ex. 1 (0)	(053)A		
Relationship: Mother 🗆 Fath	er 🗆 Legal Guardian 🗆 Foster	Parent Other		
Address Company	Street:		Apartment No.:	
Phone: 312-709-62	Street:		City: CM ( Cayl)	
Email: Collecte bound 04130	State:	IL	Zip Code: 60651	
How did you hear about Chica			Ma a a A A A A	
☐ Word of Mouth/From	-	Community E	ivent/At Mildred Ullan	
☐ Home Visit/From		Other	0	
1, Nelissa A	am interested	in sending my child(re	en), Makiyan Wyler	
to the new Chicago Education	Partnership charter school in	the Austin Communit	y in fall 2015. )	
Helson E.	Mys	-		
Signature				

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Student(s) Information				
Full Student Name:	Jord Bank	gerrito.		
Current Age/Grade: 5/4	3 years old	☐ 4 years old	□ Pre-K	
Enrolled in Day Care or Pre-school	□ Yes Ū⁄No	If yes, what Day Care or P	re-school?	
Full Student Name:	An Lucial M	nor		
Current Age/Grade:	3 years old	☐ 4 years old	Pre-K	
Enrolled in Day Care or Pre-school	√aYes □ No	If yes, what Day Care or P	re-school? Notade	
Full Student Name:				
Current Age/Grade:	□ 3 years old	☐ 4 years old	□ Pre-K	
Enrolled in Day Care or Pre-school	Yes No	If yes, what Day Care or P	re-school?	
Parent or Guardian Information	on		(**************************************	
Name (Last, First):	s, Knistal			
Relationship: Mother 🗆 Fathe	er 🗆 Legal Guardian 🗅 Foster Pa	arent Other		
Address 1152 N. Lea	nington Street: Leaniv	naton St.	Apartment No.:	
Phone: (773) (639-	4657 Street:	7	Chicago	
Email: Firstalbonks 8	Hancing Ill		Zip Code: 5.4	
How did you hear about Chica	go Education Partnership?			
☐ Word of Mouth/From		Q Community Eve	nt/At & MIOlade/	
☐ Home Visit/From		Other Mu	Solved Willy	
i, Kunstal Ba	nks, am interested in	n sending my child(ren	), Secting Banks & Charist Mino	مس
to the new Chicago Education	Partnership charter school in the	he Austin Community i	in fall 2015	
Signature	,	······································		

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Student(s) Information						
Full Student Name:	Field					
Current Age/Grade:	□ 3 years	old	☐ 4 years old	<b>*</b>	□ Pre-K	
Enrolled in Day Care or Pre-school	□ Yes ⊅	No	If yes, what Day Care or P	re-school?		
Full Student Name: CAHLVO B. The	mas		-			
Current Age/Grade:	☐ 3 years	old	4 years old		□ Pre-K	
Enrolled in Day Care or Pre-school	□ Yes 🗹	No	If yes, what Day Care or P	re-school?		
Full Student Name:	 thoma	25				
Current Age/Grade:	☐ 3 years	old	4 years old		Pre-K	
Enrolled in Day Care or Pre-school	Z Yes 🗆 1	Vo	If yes, what Day Care or Pre-school?			
Parent or Guardian Informatic	n				On the second se	
Name (Last, First): TOMOG MMA H						
Relationship: Mother  Fathe	r 🗆 Legal	Guardian 🛮 Foster P	arent 🗆 Other		MARKALA	
Address N. Keamingt	ton	Street:		Apartmen	nt No.:	
P193)213-7738	?	Street:		City;	· 0000	
Email: 1273@amai		State:		Zip Gode	0007-2967	
How did you hear about Chica	go Educat	on Partnership?			m. Da Alle	
□ Word of Mouth/From			Community Eve		Julian D	
☐ Home Visit/From			Other <u>CMIC</u>	10 LL	ayuur	
I, <u>Anda H. Tho</u> to the new Chicago Education	Mas Partnershi	, am interested i	n sending my child(ren	), Curt	15 W. Carlyand Courney	
Muda 4. Ihi				ın 1211 <i>2</i> 0	15.	
Signature	rian	01 01 001	·			

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Student(s) Information						
Full Student Name:	endil Ras	haun St	wart			
Current Age/Grade:	☐ 3 years		4 years old	<b>^</b>	□ Pre-K	
Enrolled in Day Care or Pre-school Yes D No		No	If yes, what Day Care o	r Pre-school?	Dute thington	
Full Student Name: 200	shawn St	eway-			<del></del>	
Ситепt Age/Grade:	☐ 3 years	old	₩ 4 years old		□ Pre-K	
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Parent or Guardian Info	rmation	**************************************		The state of the s	The state of the s	
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Relationship: 🗆 Mother 🗆	Father 🗆 Lega	l Guardian 🛭 Fos	ter Parent 🚨 Other			
Address		Street:		Apartmer	at No.:	
Phone:	***************************************	Street:		City:		
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to the new Chicago Edu LOWEN D	cation Partnersh	ip charter school	in the Austin Communit	y in fall 20	15.	
Signature	$\delta$					

We appreciate your comments and suggestions for the new Chicago Education Partnership charter school. Please feel free to drop a note in our comment & suggestion box at 415 N. Laramie or contact us:

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Student(s) Information					
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Address 3549 W. Fra	nklin	Street:		Apartmer	at No.: 2
Phone: 773 96888	a7-	Street:		City: C	hicaso.
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We appreciate your comments drop a note in our comment &				ership ch	arter school. Please feel free to

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the new Chicago Education P	artnership charter school in th	e Austin Community in	fall 2015	5.
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Student(s) Information					
Full Student Name: A+	MANNA	TURNER			
Current Age/Grade:	☐ 3 years old	4 years old	□ Pre-K		
Enrolled in Day Care or Pre-s	chool XYes No	If yes, what Day Care or	Pre-school?		
Full Student Name: A R	ANNER	TURNER			
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Parent or Guardian Infor	mation				
Name (Last, First): 54	LVIA	TURNER			
	Father 🗆 Legal Guardian 🗅				
Address 634 N.	LATRUBE Street:		Apartment No.:		
Phone: 08-545-	8795 Street:		City:		
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Signature Signature	100100				
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Student(s) Information					
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Student(s) Information						
Full Student Name: ARS	HAI	W	WHI	RD	от се от	
Current Age/Grade:	☐ 3 years old		X4 years old	14	□ Pre-K	
Enrolled in Day Care or Pre-school	🗆 Yes 😾	No	If yes, what Day Care or	Pre-school?	Territ State Control (All Andrews Andr	
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Full Student Name:	MARKESON (America)	а ТЭХАД-МАТИЗ-Д-ФОТ ТЯТОСКИХ У ВНО-СШТАК («НА ХОНК манистикат в титину у тириский читте АВСО	Melykirkyt deluk tta veretteen kuntuurista kan järkirky fi firjooliselt landa kel vaat kuntuurista jää esi kikko	menter (1 de sente de la companya d Na companya de la co	NO METABORISME PAR ENTRE CONTROL CONTR
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Phone: 773-499-2476	2	Street:	City:		Chica D
Email:		State:	Zip Code:		1624
How did you hear about Chicag	o Educat	ion Partnership?		and the second s	and the second
Word of Mouth/From			D Community Eve	nt/At	
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Student(s) Information					
Full Student Name: Tinit	y Weather	· All	ent and the control of the control o		
Current Age/Grade: 3 - Platickel	Cr3 years old	4 years old	□ Pre-K		
Enrolled in Day Care or Pre-school	eres D No	If yes, what Day Care (	or Pre-school? (C)		
Full Student Name:		mes att menste ste die floore en einste ste de ste de La ste de st			
Сштспt Age/Grade:	☐ 3 years old	☐ 4 years old	☐ Pre-K		
Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care o			
Full Student Name:					
Current Age/Grade:	3 years old	Q 4 years old	D Pre-K		
Enrolled in Day Care or Pre-school 【	Yes Q No	If yes, what Day Care or	If yes, what Day Care or Pre-school?		
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Vame (Last, First): Davis	, Maralda				
elationship: Mother DFather	☐ Legal Guardian ☐ Foster	Parent [] Other	ers kommen in efterste 2000 en sterne op det en		
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horie: 773.622-56	Y & Street:	en constitute de la composition de production en réprésentat y avec de l'action product de Papie à foundaire d	City: Checago		
mail;	State:		Zip Code: 60657		
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Word of Mouth/From Home Visit/From	Saver soms	Community Eve	ent/At		
Maraldal	Devi S am interested	Other			
he new Chicago Education Pa	am interested rtnership charter school in	in sending my child(ren the Austin Community	in fall 2015.		
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Student(s) Information					
Full Student Name: BV46	n Auter	berry			
Current Age/Grade: 5	□ 3 years old	4 years old		Pre-K	
Enrolled in Day Care or Pre-school	Yes 🗆 No	If yes, what Day Care or	r Pre-school?	Ella Ilaza Youn	
Full Student Name:			<del></del>		
Current Age/Grade:	☐ 3 years old	☐ 4 years old		□ Pre-K	
Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care of	r Pre-school?		
Full Student Name:					
Current Age/Grade:	☐ 3 years old	☐ 4 years old		□ Pre-K	
Enrolled in Day Care or Pre-school	□ Yes □ No	If yes, what Day Care or	If yes, what Day Care or Pre-school?		
Parent or Guardian Information	on			·	
Name (Last, First): Auder	berm, Ro	ste			
Relationship:   Mother Father					
Address 1235 N	Street:	Waller	Apartmen	t No.:	
Phone: 773-565-83	Street:		City:	chicago 60651	
Email:	State:	ナム	Zip Code:	60651	
How did you hear about Chica	go Education Partnership	p},			
Word of Mouth/From	lar caret Ju	hasa- a Community E	Event/At		
☐ Home Visit/From		Other			
I, Rosie Awter b	am intere	ested in sending my child(re	en), P	yron	
to the new Chicago Education	Partnership charter scho	ol in the Austin Communit	y in fall 201	15!	
Kale al	thelen	7			
Signature	1				
		/			

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Student(s) Information						
Full Student Name:	eniya	a Bay	rett			
Current Age/Grade:	A3 years	s old	☐ 4 years old	¹ □ Pre-K		
Enrolled in Day Care or Pre-school	ĎX√Yes □	No	If yes, what Day Care or I	Pre-school? Channing		
Full Student Name:				-		
Current Age/Grade:	☐ 3 years	; old	☐ 4 years old	☐ Pre-K		
Enrolled in Day Care or Pre-school	☐ Yes ☐	No	If yes, what Day Care or I	Pre-school?		
Full Student Name:						
Current Age/Grade:	☐ 3 years	old	☐ 4 years old	□ Pre-K		
Enrolled in Day Care or Pre-school	□ Yes □	No	If yes, what Day Care or Pre-school?			
Parent or Guardian Information	on					
Name (Last, First):	ret	t. D	eja			
Relationship: Mother 🗆 Fathe	er 🛘 Lega	l Guardian 🛭 Foster Pa	arent 🗆 Other			
Address 1146 N. Par	Kside	Street:		Apartment No.:		
Phone: 773.556.18	66	Street:		City: Chicago		
Email:		State:		Zip Code: 606 5/		
How did you hear about Chica	igo Educat	ion Partnership? Wet John	S¶ □ Community Eve	ent/At		
☐ Home Visit/From			Other			
I, Deja Be	wret	★, am interested in	n sending my child(ren	), Zaniya Barrs	11	
to the new Chicago Education	Partnersh	ip charter school in th	ne Austin Community	in fall 2015.	V	
Signature						

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Student(s) Information					
Full Student Name: Add	in Botsor	<u> </u>			
Current Age/Grade: Preschool	□ 4 years old		☐ Pre-K		
Enrolled in Day Care or Pre-school	Yes D No	If yes, what Day Care o	r Pre-school?	Channing	
Full Student Name:	,				
Current Age/Grade:	☐ 3 years old	☐ 4 years old		□ Pre-K	
Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care o	r Pre-school?		
Full Student Name:	**************************************	And the second s			
Current Age/Grade:	☐ 3 years old	☐ 4 years old		□ Pre-K	
Enrolled in Day Care or Pre-school	Yes O No	If yes, what Day Care o	If yes, what Day Care or Pre-school?		
Parent or Guardian Information	DΠ	435000000000000000000000000000000000000			
Name (Last, First):	es, Biar	ca			
Relationship: Mother  Fathe	er 🔲 Legal Guardian 🚨 Fos	ter Parent 🚨 Other			
Address 5507 W	Street: Ha	dden	Apartmer	at No.:	
Phone: 173-413. 7	7124 Street:		City: Chicago Zip Code: 60651		
Email:	State:		Zip Code	60651	
How did you hear about Chica	ngo Education Partnership?	, · · · · · · · · · · · · · · · · · · ·		,	
Word of Mouth/From MA	garet Johns	Community	Event/At		
☐ Home Visit/From	<u> </u>	Other			
I, Bian Ca to the new Chicago Education		ted in sending my child(		tiden Butson	
Briss Whils	· Landing charter sollow		, <u></u>		
Signature					

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Student(s) Information						
Full Student Name: Ke	ith Br	aur				
Current Age/Grade:	□√3 yea	rs old	4 years old		□ Pre-K	
Enrolled in Day Care or Pre-school Of Yes  No			If yes, what Day Care o	r Pre-school?	iny	
Full Student Name:						
Current Age/Grade:	□ 3 yea	rs old	4 years old		□ Pre-K	
Enrolled in Day Care or Pre-se	chool 🗆 Yes 🗆	l No	If yes, what Day Care o	r Pre-school?		
Full Student Name:						
Current Age/Grade:	□ 3 yea	rs old	4 years old		□ Pre-K	
Enrolled in Day Care or Pre-se	chool 🗆 Yes 🗆	l No	If yes, what Day Care or Pre-school?			
Parent or Guardian Infor	mation					
Name (Last, First):	Mar	ns, Kin	ryada			
Relationship: Mother 🗆	Father 🗆 Leg	,				
Address 1515 N C	antral	Street:	-	Apartmer	at No.:	
Phone:		Street:		City: Chi car		
Email:		State: Iline	is	Zip Code: 60651		
How/did you hear about (	Çhicago Educ	ation Partnership?				
Word of Mouth/From	Narga	et Johns	ON Community E	Event/At		
☐ Home Visit/From	Lund		Other			
I, Kinyuola 1 to the new Chicago Educ	<u>Oillia M.</u> ation Partners	S, am interested in the charter school in the	in sending my child(r	en), <u>Ko</u>	ith Brown	
12	Undoné		no rasun Commun	ly III 1211 20	19.	
Signature			· · · · · · · · · · · · · · · · · · ·			

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Student(s) Information					
Full Student Name: AWOYE	e, Cocker	5			
Current Age/Grade: 0 / 5 CN00	3 years old	☐ 4 years old		□ Pre-K	
Enrolled in Day Care or Pre-school	Yes 🗆 No	If yes, what Day Care or Po	re-school?	Changing	
Full Student Name:				J	
Current Age/Grade:	□ 3 years old	☐ 4 years old		☐ Pre-K	
Enrolled in Day Care or Pre-school	□ Yes □ No	If yes, what Day Care or Pr	re-school?		
Full Student Name:				·	
Current Age/Grade:	□ 3 years old	4 years old		□ Pre-K	
Enrolled in Day Care or Pre-school	If yes, what Day Care or Pre-school?				
Parent or Guardian Information	n ,				
Name (Last, First): COCKE	s. April				
Relationship: Mother 🗅 Fathe	r 🗖 Legal Guardian 🗖 Foster Pa	rent 🛘 Other			
Address 5425 1)	homas		Apartmen	t No.:	
Phone:	Street:		City: Chicaso		
Email:	Email: Zip Code: LOUS!				
How did you hear about Chica	go Education Partnership?	Marie Community Eve	ent/At		
☐ Home Visit/From ☐ Other					
I, AN' OCKES, am interested in sending my child(ren), AUDICE					
to the new Chicago Education	Partnership charter school in th	e Austin Community	in fall 201	15.	
Signature		Andrews and Anna Anna Anna Anna Anna Anna Anna			

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Student(s) Information					
Full Student Name: MEK	HI DUNG	BAR			
Current Age/Grade:	☐ 3 years old	🛕 4 years old	Pre-K		
Enrolled in Day Care or Pre-school	ŽYes □ No	If yes, what Day Care or Pre	PER ELEMENTARY		
Full Student Name:	, ,				
Current Age/Grade:	☐ 3 years old	4 years old	□ Pre-K		
Enrolled in Day Care or Pre-school	Yes No	If yes, what Day Care or Pre	-school?		
Full Student Name:					
Current Age/Grade:	☐ 3 years old	☐ 4 years old	□ Pre-K		
Enrolled in Day Care or Pre-school	Yes No	If yes, what Day Care or Pre-school?			
Parent or Guardian Information	n				
Name (Last, First):	ams /+	ntonio			
Relationship: D Mother / Father	Legal Guardian 🛭 Foster Pa	rent 🚨 Other			
Address /836 N	Street: MONN	TOR, AVE.	Apartment No.: JOH FLR		
Phone 13-889-625	Street:	7	City: Chicago		
Email:	State: IL		Zip Code: 6 06 39		
How did you hear about Chicag		_	<b>\</b>		
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Home Visit/From		Other			
to the new Chicago Education I	//////////////////////////////////////	n sending my child(ren),	MeKh!		
o the new Chicago Education I	Partnership charter school in th	ne Austin Community ir	n fall 2015.		
Signature	9-102		W * * *		

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Student(s) Information					
Full Student Name: Jav	1eon	Ellis			
Current Age/Grade:	☐ 3 year	s old	04 4 years old		□ Pre-K
Enrolled in Day Care or Pre-scl	hool <b>D</b> Yes 🗆	No	If yes, what Day Care or	Pre-school?	Channey
Full Student Name:	roceanis (commentere na final riber au fizam al 2004 f a colorido)	eraturatum meneriskum komuniskum kirik kundilik kiri perandilik kirik dalam kirik kirik dalam meneratuk k		THE COMPANY OF THE PARTY OF THE	<b>.</b>
Current Age/Grade:	□ 3 year	s old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-sci	hool 🛛 Yes 🗖	No	If yes, what Day Care or	Pre-school?	
Full Student Name:	DOCTORORING ON TO CONTROL OF THE PARTY OF TH	New David Nicerics & C.201 at the Control of	allandi område lemen myt en seminen sin en mytteril på av men men sekset skallinge det år en	addicented days of the state of	accommission construction of the contract in the contract in the contract of the contract con
Current Age/Grade:	🛚 3 year	s old	☐ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school 🏻 Yes 🖫 No		If yes, what Day Care or	If yes, what Day Care or Pre-school?		
Parent or Guardian Infort	nation	**************************************		,	DE CAMANDO DE COMO MATORIO CON SEL COMMINIMA SON CONCORDO DE COMO PARA ROMA COMO MACAMA MANAGORA (CAMANDA MANA
Name (Last, First):	amse	y, Late	TWA	4-0-0-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
Relationship: Mother 🔲	Father 🗆 Lega	l Guardian 🛭 Foster F	Parent 🛘 Orher	<del>Medic ylatomidanolomobal sybrintodo</del> (lil	ыны основного можения может в больственных основными за основными в достовными в достовными в достовными в дост
Address / 119 N	ддад цан так тор да на тор да	Street: Le C	laire	Apartmer	nt No.: 18+ F/r
Phone:		Street:		City: (	hicaro
Email:	- Salaring the Angel Andrews Salaring S	State: Zi		Zip Code	6065
How did you hear about C I Word of Mouth/From	, -	* 4 س <i>دا</i>	Community Ev	vent/At	and colored and the Carlo of Provincia Journal and Carlo of Carlo
□ Home Visit/From			Other		
La tanya	Rama	, Sey, am interested !	in sending my child(re	$_{\rm n),}$	aveon Ellis
o the new Chicago Educa	ition Partnersh	nip harter school in	the Austin Community	in fall 20	15.
Talanya	CK	Moy			
Agnatule					

We appreciate your comments and suggestions for the new Chicago Education Partnership charter school. Please feel free to drop a note in our comment & suggestion box at 415 N. Laramie or contact us:

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Student(s) Information				
Full Student Name: ) hord	in Evans			
Current Age/Grade: 3	23 years old	☐ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	Yes O No	If yes, what Day Care or Pr	e-school?	Channing
Full Student Name:	-			
Current Age/Grade:	☐ 3 years old	1 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □ No	If yes, whar Day Care or Pi	re-school?	
Full Student Name:				
Current Age/Grade:	□ 3 years old	☐ 4 years old		☐ Pre-K
Enrolled in Day Care or Pre-school	If yes, what Day Care or Pre-school?			
Parent or Guardian Information	on		N.W. 1.107	
Name (Last, First): Walk	ins Kamika			
Relationship: Mother DFathe	r 🛘 Legal Guardian 🗘 Foster Pa	rent 🛘 Other	*	
Address 1752 N. McV	Acker Street:		Apartmen	t No.:
Phone: 768) 522 - 83/3	C - Street		City: (	Chicaso 600 39
Email:	State: II		Zip Code	60639
How did you hear about Chicago Education Partnership?				
Word of Mouth/From Mangaul Johnson O Community Event/At				
☐ Home Visit/From	Control Contro	Other		
I. Kamika Wattins am interested in sending my child (ren), Shordyn				
to the new Chicago Education	Partnership charter school in th	he Austin Community	in fall 20	15. <sup>Q</sup>
Lamba W	Olking			
Signature				

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Student(s) Intermation				
Full Student Name: S 4	dney Free	man		
Current Age/Grade:	3 years old	☐ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	If yes, what Day Care or P	re-school?	:	
Full Student Name:		. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Current Age/Grade:	☐ 3 years old	☐ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care or P	re-school?	
Full Student Name:				
Current Age/Grade:	☐ 3 years old	☐ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care or Pre-school?		
Parent or Guardian Informatio	on			
Name (Last, First): Walker	. Sharhond	d		
Relationship: Mother 🗖 Fathe	r 🔲 Legal Guardian 🖵 Foster Pa			
Address 314	S. Street: Lawaha	Apartmen Apartmen		t No.:
Phone (113) 243-69	964 Street:	City: (		Chicago
Email:	Email: State:			40644
How did you hear about Chica Word of Mouth/From	go Education Partnership) MOUKET VOIM	€ Community Eve	ent/At	
☐ Home Visit/From	· · · · · · · · · · · · · · · · · · ·	Other		
I, Shar and Walker, am interested in sending my child(ren), Sydney,				
to the new Chicago Education	Partnership charter school in th	e Austin Community	in fall 201	5.7
Signature	•			

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Student(s) Information			
Full Student Name:	neir C	raston	
Current Age/Grade: Weschool \ \ \ \ 3 years old		4 years old	G Pre-K
Enrolled in Day Care or Pre-school TYes Cl No		If yes, what Da	y Care or Pre-school? Channer
Full Student Name:	alle de la companya del companya de la companya del companya de la companya del la companya de la companya		
Current Age/Grade:	□ 3 years old	☐ 4 years old	C Pre-K
Enrolled in Day Care or Pre-sch	nool DYes DNo	If yes, what Day	Care or Pre-school?
Full Student Name:			
Current Age/Grade:	☐ 3 years old	☐ 4 years old	C Pre-K
Enrolled in Day Care or Pre-school 🛛 Yes 🔘 No		If yes, what Day	Care or Pre-school?
arent or Guardian Inform	ation		
Name (Last, First): 056	orne, Cl	and latte.	
Kelationship: WMother 🖸 Fa	ther 🛭 Legal Guardia	an 🗆 Foster Parent 🗀 Other	
Address 1215 N.	Street:	Parkside	Apartment No.: Basement
Phone: 312 - 465-8	OST8 Street:		City:
imail:	State:	JL	Zip Code: 60651
ow did you hear about Chi	cago Education Part	nership?	
Word of Mouth/From	Margaret	Johnson Commun	nity Event/At
TIOTIC VISIOPTION			
Charlotte	OSporneam	interested in sending my chi	ild(ren), Americastor
OTHEREO PHRESHE	m rantuetsuib charte:	interested in sending my chi r school in the Austin Comm	nunity in fall 2015.
Charlett ()	for		•

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Student(s) Information				
Full Student Name: Devir	Grant	mananan kalanda ya da kalanda ka	COANTENANCE CONTRACTOR AND AND ADDRESS OF THE ADDRE	/acconditional-in-figure and analysis of the state of the
Current Age/Grade:	🔏 3 years old	4 years old	**************************************	□ Pre-K
Enrolled in Day Care or Pre-school	Y Yes O No	If yes, what Day Care or	Pre-school?	Channens
Full Student Name:	arius considerada de como no como de la definimenta de como de	40056H0 <del>01</del>		
Current Age/Grade:	☐ 3 years old	☐ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	Û Yes □ No	If yes, what Day Care or	Pre-school?	
Full Student Name:		er für dem kritische Gemeinsche Geschliche der dem der dem dem der der dem dem der dem dem dem dem dem dem dem Andere dem dem dem dem dem dem dem dem dem de	Town P. D. & The Control of the Cont	
Current Age/Grade:	urrent Age/Grade:			□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □ No	If yes, what Day Care or Pre-school?		
Parent or Guardian Informatio	Π	And an extension and an extension of the state of the sta	**************************************	**************************************
Name (Last, First): Gran			in and the same of	
Relationship: Mother 🖸 Father	: □ Legal Guardian □ Foster Par	rent Cl Other		The Main Policy of the Market Conference on the Conference of the
Address 5157 W	Street: St. Pan	I Ave.	Apartment	No.:
Phone: 773, 237-756	Street:		City: O	hicaso
Email: Gulana 232003@ ya	hoo. State: IL		Zip Code:	hicaso 60639
How did you hear about Chicag  Word of Mouth/From				
Home Visit/From G Other				
the new Chicago Education I	and, am interested in	sending my child(ren)	). De	Vin Grant
Duyana C	Partnership charter school in the	Austin Community i	in fall 201	5.
gnature	/			

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Student(s) Information					
Full Student Name: Juliet	re Ha	vris			
Full Student Name: Juliette Havris  Current Age/Grade: 3 Negation W3 years old			☐ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school 🚨 Yes 🖫 No			If yes, what Day Care or	Pre-school?	
Full Student Name:	Carlot of American Committee Committ		ur caricasundenidahundinkulai (1944-1944-1944-1944-1944) di katalah (1944-1944) di katalah (1944-1944) di kata	<u></u>	
Current Age/Grade:	☐ 3 years	old	☐ 4 years old	understenskerrenbiskersesekke/440	□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □	No	If yes, what Day Care or	Pre-school?	
Full Student Name:			искандава (шини при при при при при при при при при пр	ekister Storenster von der der Leiter von der Storenster von der Storenster von der Storenster von der Storens	
Current Age/Grade:	☐ 3 years	old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □	No	If yes, what Day Care or Pre-school?		
Parent or Guardian Informatio	n	assaur safarilan dawn e eann a bearth Christian Christian (barret a day tarren ann an Arbitish (barlet Malain a Arbitish Albitish Albitish Arbitish Arbitish Albitish Arbitish		110 110 110 110 110 110 110 110 110 110	
Name (Last, First): Stephan	-ie	aamussummareera arusuus sii Sinniise Volumaa varuseera erastiineitee kaikutsiineiteitee Alliekolii Volumaa val Taratta			501000
Relationship: Mother 🗖 Father		Guardian 🛭 Foster Pa	rent 🗆 Other		
Address 3909 N.	MACHINE CONTROL OF THE CONTROL OF TH	Street: Jumber	larel	Apartmen	
	4 40	Street:		City: Ohicaco Zip Code: 60634	
Email:		State: IL		Zip Code: 60634	
How did you hear about Chicaș	go Educat	ion Partnership?			
Word of Mouth/From MANO	Wet.	Johnson	🚨 Community Ev	rent/At	
☐ Home Visit/From ☐ Other					
I, Stephanie Harr to the new Chicago Education	Partnersh	, am interested in	sending my child(re	n), <u>Ju</u>	liette
Slephani H	AN The	ip charter school in th	ic rasim Community	ин зан 20	
Signature Figure 1	VVV		-		

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Student(s) Information	<b>.</b>				
Full Student Name: Neve	uh Heavar				
Current Age/Grade:  Vesch	☐ 3 years old	years old		□ Pre-K	
Enrolled in Day Care or Pre-school	Yes 🗆 No	If yes, what Day Care or P	re-school?	Charrier	
Full Student Name:			M4		
Current Age/Grade:	☐ 3 years old	4 years old	**	☐ Pre-K	
Enrolled in Day Care or Pre-school	Yes 🗆 No	If yes, what Day Care or P	re-school?		
Full Student Name:					
Current Age/Grade:	☐ 3 years old	□ 4 years old		□ Pre-K	
Enrolled in Day Care or Pre-school	□ Yes □ No	If yes, what Day Care or Pre-school?			
Parent or Guardian Informatio	n				
Name (Last, First):	Don	ninique.	Hea	ran	
Relationship: Mother 🗆 Fathe	r 🛘 Legal Guardian 🗖 Foster Par	rent 🗅 Other			
Address 1457 No May Fie	Street:		Apartmen	t No.:	
Phone: 173-622-123			City: Chicago		
Email:		n015	Zip Code:		
How did you hear about Chica	go Education Partnership?				
Word of Mouth/From Wavaavet 10 MS on Community Event/At					
□ Home Visit/From □ Other					
I, Dominique Ho to the new Chicago Education	<u>Partnership charter school in th</u>	sending my child(ren e Austin Community	/)	veah	
Domingue Signature	1				

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Student(s) Information					
Full Student Name: Kow	they Hoda	e 5_		NOWATE PROPERTY.	
Current Age/Grade:	☐ 3 years old	4 years old	□ Pre-K		
Enrolled in Day Care or Pre-school	Yes DNo	If yes, what Day Care or	Pre-school?		
Full Student Name: Sydn	ey Hodges				
Current Age/Grade:	43 years old	4 years old	□ Pre-K		
Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care or	Pre-school?		
Full Student Name:				OWNTO-DETERMENT	
Current Age/Grade:	☐ 3 years old	☐ 4 years old	□ Pre-K	40	
Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care or	Pre-school?	actividade la constitución de la	
Parent or Guardian Informatio	ρΩ	44 to 42 00 00 00 00 00 00 00 00 00 00 00 00 00		- The second	
Name (Last, First): You	na, Shani	and the second s			
Relationship: Mother DFathe	The state of the s	Parent 🗆 Other		stationinductor	
Address 3417 W	Street: Flow	rnoy	Apartment No.:	no de la companya de	
Phone (773) 354-9	193 Street:		City: Chicago		
Email:	State:	L	Zip Code: 60624		
How did you hear about Chica	go Education Partnership?,	<u>alan da koko koko eta da maka an Amara Parturururu partururun partururun partururun partururun partururun par</u>			
Word of Mouth/From		San 🗆 Community Ev	vent/At	***************************************	
☐ Home Visit/From		Other			
	UNC, am interested	l in sending my child(re	n), Kourtney & Sydn	ey Holge	
to the new Chicago Education	Partnership charter school in	the Austin Community	7 in fall 2015.	/ /-	
Signature					

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Student(s) Information				
Full Student Name: AN (A	Jackson			
Current Age/Grade	3 years old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	l Ves 🗆 No	If yes, what Day Carour I	EN III	is Childean
Full Student Name:				
Current Age/Grade:	☐ 3 years old	☐ 4 years old	······································	□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □ No	If yes, what Day Care or F	Pre-school?	
Full Student Name:			***************************************	
Current Age/Grade:	☐ 3 years old	☐ 4 years old		O Pre-K
Enrolled in Day Care or Pre-school	Carolled in Day Care or Pre-school  Yes  No		If yes, what Day Care or Pre-school?	
arent or Guardian Informat	ion	I SHAMMAR SAN	**************************************	****
Name (Last, First):	A. Alika	on de la compactación de la compact La compactación de la compactación	ASSESSMENT AND ASSESSMENT OF THE PARTY OF TH	
Relationship: Mother 🗆 Fath	er 🗆 Legal Guardian 🗅 Foster I	Parent 🛘 Other	The second second second second	
Address 5409 W. Kame	eling Street:	AND AND CONTRACT OF THE CONTRA	Apartment	: No.: W/A
113 865 4168	Street:	yasanicaspooliikeyyysuussaavan siin johkykkyevysiiisaasiakakeenta alveysissä siikäytyön een osaat	City: (Me)	
Email: MIKA_MINESURL	iv-com State: Feld	necs	Zip Code:	6W51
low did you hear about Chic				
Word of Mouth/From//\ Home Visit/From	uguer son	1501 Community Ever	nt/At	
-Anila Jack	, am interested i	n sending my child(ren)	, An	ia Jackson
Huth Jushs	Partnership charter school in t	he Austin Community is	n fall 2015	5.
gnature /				

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Student(s) Information					
Full Student Name:	ne -	acksor	APPLICATION OF THE PROPERTY OF		
Current Age/Grade (Tescho)	☐ 3 years	old	🗹 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	☐ Yes ☐	Vo	If yes, what Day Care or F	re-school?	
Full Student Name:					
Current Age/Grade:	☐ 3 years	old	☐ 4 years old	Orent Accessions (18 miles Art 4 m 2 m 4 M A 2 miles	🖸 Pre-K ·
Enrolled in Day Care or Pre-school	□ Yes □ 1	No	If yes, what Day Care or I	re-school?	
Full Student Name:					
Current Age/Grade:	☐ 3 years	old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	☐ Yes ☐ I	No	If yes, what Day Care or Pre-school?		
Parent or Guardian Information	n.	үү АНДУУСТИН ДАКОРДАН ОРГАНДАН АНДИКТИК ТИКИКТИК ТИКИКТИК ТИКИКТИК ТИКИКТИКТИКТИКТИКТИКТИКТИКТИКТИКТИКТИКТИ	Zeneralus con entre con established en president en contra en established en contra en entre en entre en entre		
Name (Last, First): Du(as	Sta	rniska			
Relationship: 🛱 Mother 🛛 Fathe	r 🗖 Legal	Guardian 🛮 Foster Pa	rent 🗖 Other		
Address 1000 N		Street: Latrob	e Ave, Apartme		t No.:
Phone: 773.289-63	228	Street:	City:		Chicago 60651
Email:		State:			60451
How did you hear about Chiça					
Word of Mouth/From	u Gr	etsumson	Community Ev	ent/At	
☐ Home Visit/From	□ Home Visit/From □ Other □				
I, Starn Start to the new Chicago Education	rikes	, am interested in	n sending my child(rer	ı), <u>(</u>	apore
to the new Chicago Education		p charter school in th	e Austin Community	in fall 20	15. *
Signature	- Commenter - State -		<del></del>		

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Student(s) Information					
Full Student Name: AMCAY	iyah	Johnson	)		
Current Age/Grade:	3 years	old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	ØYes □	No	If yes, what Day Care or I	Pre-school?	Chaming
Full Student Name:					
Current Age/Grade:	☐ 3 years	old	4 years old	***************************************	□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □	No	If yes, what Day Care or I	Pre-school?	
Full Student Name:					
Current Age/Grade:	☐ 3 years	old	☐ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	☐ Yes ☐	No	If yes, what Day Care or Pre-school?		
Parent or Guardian Informatio	οn				
Name (Last, First): 4 A	(1.1	au bon			
Relationship: Mother 🗖 Fathe			rent 🗆 Other		
Address /420 N. 8	Mason	Street:		Apartmer	t No.:
Phone:		Street:		City:	hicaan
Email:		State:	Zip Code		60651
How did you hear about Chica Word of Mouth/From			20 Community Eve	ent/At	·
☐ Home Visit/From	()		Other		
1, Sycha Claylis	<u> </u>	, am interested in	sending my child(ren	), <u> </u>	mariush
to the new Chicago Education  Moha law w	Partnershi	ip charter scho <b>o</b> l in th	e Austin Community	in fall 2ð	15.
Signature			***************************************		

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Student(s) Information					
Full Student Name: Taylo	r Ronu	Keith sold			
Current Age/Grade:	□ 3 years	s old	4 years old		Pre-K
Enrolled in Day Care or Pre-school	Yes 🗆	No	If yes, what Day Care or l	Pre-school?	Channings
Full Student Name:					
Current Age/Grade:	□ 3 years	s old	☐ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □	No	If yes, what Day Care or I	Pre-school?	
Full Student Name:					
Силепt Age/Grade:	☐ 3 years	old	□ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □	No	If yes, what Day Care or Pre-school?		
Parent or Guardian Informati	ion				
Name (Last, First) Waster	Keith	Tamarau	.)		
Relationship: Mother 🗆 Fath	er 🛭 Lega	l Guardian 🛭 Foster Pa	rent 🛘 Other		
Address 905 S. Oak Pu	ark fue	Street:		Apartmer	nt No.2
Phone: 773.317.356	7	Street:	City: Oak Park		uPark
Email: Ecoaster@hotma	il.com	State: 1/1/10/5		Zip Codey 60304	
How did you hear about Chic	ago Educai	ion Partnership?		ent/At	
☐ Home Visit/From	<u> </u>		Other		
I, <u>Pomaraw (Oas F</u> to the new Chicago Education	<u>er Keit</u> 1 Partnersh	1, am interested in ip charter school in the	sending my child(ren ne Austin Community	i), <u>(a.</u>	ylor Roni Keith
Symeraw Coas	ter kei	tw	-		
Signature					

We appreciate your comments and suggestions for the new Chicago Education Partnership charter school. Please feel free to drop a note in our comment & suggestion box at 415 N. Laramie or contact us:

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Student(s) Information					
Full Student Name: Roby	mn	Grabt			
Current Age/Grade: Results	□ 3 years	old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	Op∕Yes □	No	If yes, what Day Care or F	Pre-school?	Chamin
Full Student Name:	n No <del>nlandara da esta de la cale</del> ndario de esta de la calendario de esta de la calendario de esta de la calendario	<u></u>		***************************************	<u>d</u>
Current Åge/Grade:	☐ 3 years	öld	□ 4 years old	**************************************	□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □ ]	No.	If yes, what Day Care or I	Pre-school?	
Full Student Name:	<u> Настранова о предприя странова на предприя странова на предприя странова на предприя странова на предприя ст</u>	GACTOCCTACCONSIANALIRANE CACITACIONO CON ACCANOMINACIÓN IL INTERNALIA CONTRA CO		THE PROPERTY OF THE PROPERTY O	
Current Age/Grade:	☐ 3 years	old	☐ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □ 1	No	If yes, what Day Care or Pre-school?		
Parent or Guardian Information	n				
Name (Last, First):	701	Me Phe	NSON.		
Relationship: Mother 🗆 Fathe	r 🛭 Legal	Guardian 🛭 Foster Pa	rent 🛭 Other		
Address 1022 N.		Street: Me	navd	Apartmen	t No.:
Phone:		Street:	City:		hicaro
Email:		State:	Company of the Control of the Contro	Zip Code	6065
How did you hear about Chica	go Educat	ion Partnership?	1 × 2 × 1		`
Word of Mouth/From	15°	1 2 101	Community Ev	ent/At	MANAGER AND THE STATE OF THE ST
Home Visit/From			Other	<u> </u>	
I, Tiffini Meth			sending my child(ren		obyen Knight
to the new Chicago Education		p charter school in th	ne Austin Community	in fall 201	15.
Defini McPhers	Dy				
Signature					

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Student(s) Information				
Full Student Name:	ta Law	Son		
Current Age/Grade:	☐ 3 years old	□ 4 years old		₽re-K
Enrolled in Day Care or Pre-school	Yes No	If yes, what Day Care or I	Pre-school?	St. Angela
Full Student Name:				
Current Age/Grade:	☐ 3 years old	□ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	Yes □ No	If yes, what Day Care or I	Pre-school?	
Full Student Name:				
Current Age/Grade:	□ 3 years old	□ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □ No	If yes, what Day Care or Pre-school?		
Parent or Guardian Informatio	on			
Name (Last, First):	uson, Dan	Jud	<u> </u>	
Relationship: Mother Father	r 🚨 Legal Guardian 🗆 Foster Pa	rent 🗆 Other		,
Address 958 N. Mas	Sasoit Street:		Apartmen	t No.:
Phone: 773-671-245	Z Street:		City: Chicago	
Email a 3 udia 9 m	all. Com State:	<u> </u>	Zip Code:	60651
How did you hear about Chicag	go Education Partnership}			
Word of Mouth/From		Community Eve	ent/At	
☐ Home Visit/From		Other		
I, Downd La	awson, am interested in	n sending my child(ren	// <b>,</b>	Christa
to the new Chicago Education	Partnership charter school in th	ne Austin Community	in fall 201	15.
DUM				
Signature				

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Student(s) Information					•
Full Student Name:	2d 1	Uainor			**************************************
Current Age/Grade:	√ 3 year	s old	□ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	1 S Yes □	No	If yes, what Day Care or I	Pre-school?	Channing
Full Student Name:					
Current Age/Grade:	□ 3 year	s old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-schoo	l 🗆 Yes 🗅	No	If yes, what Day Care or I	Pre-school?	
Full Student Name:					
Current Age/Grade:	□ 3 year	s old	□ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-schoo	l □Yes □	No	If yes, what Day Care or Pre-school?		
Parent or Guardian Informa	tion			***************************************	
Name (Last, First): Mail		Jenni	er		Winter 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Relationship: Mother D Fat	her 🗆 Lega	l Guardian 🛭 Foster Pa	rent 🛘 Other		
Address 1835 N. L.	otus	Street: Lotu.	5	Apartmer	it No.: J
Phone: 113 133-	9910	Street:		City:	
Email:		State: Illine	15	S Zip Code: 606	
How did you hear about Chi	cago Educa	tion Partnership?			
Word of Mouth/From	-	1 1 1	1 O Community Eve	ent/At	
☐ Home Visit/From	<u> </u>		Other		
1, Jennifer	Uain	91, am interested ir	n sending my child(ren	),	lared
to the new Chicago Educatio	n Partnersh	ip charter school in th	ne Austin Community	in fall 20	15.
Amonta 1	Moun	o L			
Signature					

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Student(s) Information					
Full Student Name: Zah	ara	MS	Clain	**************************************	120000000000000000000000000000000000000
Current Age/Grade:	☐ 3 years	old	O 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes 🎾 I	No .	If yes, what Day Care or I	re-school?	4-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2
Full Student Name: Ken	nistr	-y A	1ºClain		
Current Age/Grade:	D3-years	Md	☐ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	☐ Yes ☐	10	If yes, what Day Care or F	re-school?	I
Full Student Name:				***************************************	
Current Age/Grade:	☐ 3 years	old	☐ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □ 1	Vo	If yes, what Day Care or Pre-school?		
Parent or Guardian Informatio	n		A CONTROL OF THE CONT		Mildelagener, 1 pr particular and the company page 200 for the company to the company of the com
Name (Last, First):	C/9	IN SR.	te	eL	***************************************
Relationship: U Mother U Father			rent MOther	Franc	dfother
Address 35 N. Au	stin	Street 90° I	L. 60644	Apartmen	
	887	Street:		City:	THE CONTRACT OF SECURITY (September 2019) AND
Email: Joe mac 35/40/	. 1	State Illino	2ip Code: 106 40		60644
How did you hear about Chicag	go Educati			-	
Mouth/From	CARC	t-Johnson	Community Eve	nt/At	
Home Visit/From	<u> </u>		Other		West and the second sec
to the new Chicago Education	Clair Partnershi	, am interested in	sending my child(ren	),	5
	CO.	$\sim$	o radan Community	14H 201	
Signature The Times	= Uc	in Al.			

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Student(s) Information					•
Full Student Name:	Mel	endez.			
Current Age/Grade:	☐ 3 years	s old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	I Yes 🗆	No	If yes, what Day Care or	Pre-school?	Brunson
Full Student Name:			· · · · · · · · · · · · · · · · · · ·		
Current Age/Grade:	☐ 3 years	s old	4 years old	***************************************	☐ Pre-K
Enrolled in Day Care or Pre-school	l 🗆 Yes 🖸	No	If yes, what Day Care or	Pre-school?	L
Full Student Name:					
Current Age/Grade:	□ 3 years	; old	☐ 4 years old	·	□ Pre-K
Enrolled in Day Care or Pre-school	I □ Yes □	No	If yes, what Day Care or Pre-school?		
Parent or Guardian Informat	tion				
Name (Last, First):	sq	Pivas	Gr.		
Relationship: Mother 🗖 Fatl	her 🗆 Lega	l Guardian 🛭 Foster P	arent 🛘 Other		
Address 5918		Street: W & F	216	Apartmen	t No.: 1 Fle
Phone 773-272-6	662.	Street:		Chicago	
Email:		State:	Zip Code		60644
How did you hear about Chic	cago Educa	tion Partnership?			
Word of Mouth/From	rigare	t Johnson	Community Ev	ent/At	
☐ Home Visit/From		the state of the s	Other		
1, Rosa Riva	5 .	, am interested i	n sending my child(re	n), <u>k</u>	My
to the new Chicago Educatio	n Partnersh	ip charter school in t	he Austin Community	/ in fall 201	15.
Signature	2)/~~		<del></del>		

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Student(s) Information						
Full Student Name: MA/i/	K Nocen	telli	**************************************			
Current Age/Grade:	₩3 years old	<del>formitris for foresterness</del>	4 years old		□ Pre-K	
Enrolled in Day Care or Pre-school	Ø∕Yes □ No	-	If yes, what Day Care o	or Pre-school?		
Full Student Name:						
Current Age/Grade:	☐ 3 years old		☐ 4 years old		□ Pre-K	
Enrolled in Day Care or Pre-school	☐ Yes ☐ No		If yes, what Day Care o	r Pre-school?		
Full Student Name:						
Current Age/Grade:	☐ 3 years old	<del></del>	4 years old		□ Pre-K	
Enrolled in Day Care or Pre-school	□ Yes □ No	······································	If yes, what Day Care or Pre-school?			
Parent or Guardian Informati	on	· · · · · · · · · · · · · · · · · · ·			Participa appropriate and appr	
Name (Last, First):	telli, Tevid	I <sub>A</sub>				
Relationship: Mother 🗆 Fath	er 🛭 Legal Guardiar	n 🔾 Foster Pa	rent 🛭 Other		·	
Address 3819 (N.	Street:	Concor	Apartme		nt No.:	
Phone: 773) 969-79	967 Street:			City:		
Email: (Nore)	State:	1711,no	Zip Code: 606		606	
How did you hear about Chica	go Education Parte	nership?				
Word of Mouth/From	irgarit	ohnsor	Community E	vent/At		
Home Visit/From	V		Other			
, Tevida Non	Contelli, am	interested in	sending my child/ag	_\ <i>i</i>	DALIK Nocentell	
o the new Chicago Education	Partnership charter	r school in the	e Austin Communit	y in fall 201	5.	
Mocenta	Lli					
ignature						

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Student(s) Information Full Student Name OCENTECLI Current Age/Grade: 12 years old □ Pre-K Enrolled in Day Care or Pre-school Yes O No If yes, what Day Care or Pre-school? Full Student Name: Current Age/Grade: ☐ 3 years old 4 years old ☐ Pre~K Enrolled in Day Care or Pre-school Yes No If yes, what Day Care or Pre-school? Full Student Name: Current Age/Grade: ☐ 3 years old ☐ 4 years old □ Pre-K Enrolled in Day Care or Pre-school Yes No If yes, what Day Care or Pre-school? Parent or Guardian Information Name (Last, First): levia Address Street: Apartment No.: ant sad Phone: Street: City: Email: State: inoi S Zip Code: 606 none How did you hear about Chicago Education Partnership? ☐ Community Event/At\_ ☐ Home Visit/From ☐ Other \_, am interested in sending my child(ren), Noventelli to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

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Student(s) Information					
Full Student Name: AMAU	ù	Reed		A CONTRACTOR AND THE STREET, CO.	45-CCC-2000-0-9-3-0-0-2-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0
Current Age/Grade: Kindersto	□ 3 yea		4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □	? No	If yes, what Day Care or	Pre-school)	Plato
Full Student Name:					
Politica Colonia de Co					
Current Age/Grade:	🛛 3 year	rs old	Q 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □	No	If yes, what Day Care or	Pre-school?	Samuel 19 19 19 19 19 19 19 19 19 19 19 19 19
Full Student Name:	The second se			Circle Annual Co. Company of the Control of the Con	
Current Age/Grade:	3 year	s old	□ 4 years old		C Pre-K
Enrolled in Day Care or Pre-school	□ Yes □	No	If yes, what Day Care or Pre-school?		
Parent or Guardian Information	n	A STATE OF THE STA	And the second s		
Name (Last, First):	į			WOOD CONTRACTOR STREET, MADE AND ADDRESS A	
	ION	Battle	5		
Relationship: Mother 🖸 Fathe	r 🗆 Lega	I Guardian 🖸 Foster Pa	rent 🛭 Other		The second and the form of the control of the contr
Address 1255 N. Mg	ison	Street:	rd 3339eg rangsakkirkirkiyiyoo uqo asoo oy qorkakirkirkirkirkirkirkirkirkirkirkirkirkirk	Apartment	No.:
Phone:		Street:		City: (	Chicago
Email: Shilon Baltles Kill @g	incil,	State:		City: Chicaso Zip Code: 6065/	
How did you hear about Chicag	1000	ion Partnembin	Magneyacts (Mission and American September 1997) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994		The second secon
Word of Mouth/From Man					
☐ Home Visit/From	7510	30,012	D Community Eve		
a frome visit/From			Other		
I, Shilon Ba	Hes	3, am interested in	sending my child(ren	), <u>A</u> v	canti
to the new Chicago Education	Partnershi	p charter school in the	e Austin Community	in fall 201.	j.
Signature					

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Student(s) Information					
Full Student Name: Regge	MLS.  3 years	Riley			
Current Age/Grade:	2 3 years	s old	☐ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes	No	If yes, what Day Care or P	re-school?	
Full Student Name:				······································	
Current Age/Grade:	☐ 3 years	s old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □	No	If yes, what Day Care or P	re-school?	
Full Student Name:					77 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -
Current Age/Grade:	□ 3 years	s old	☐ 4 years old		☐ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □	No	If yes, what Day Care or Pre-school?		
Parent or Guardian Information	n				
Name (Last, First): Name (Last, First):	19				
Relationship: Mother  Fathe		l Guardian 🛭 Foster Par	rent 🗖 Other		
Address 5425 W		Street: Hivs	Apartmen		t No.:
Phone: 773-556-2	579	Street:	City: Oh		Micago
Email: Nakeiq-Johnson@	yorhoe.	State:	Zip Code		60651
How did you hear about Chicas	go Educat	tion Partnership?			
Word of Mouth/From	ugare	t Johnson	Community Eve	nt/At	
☐ Home Visit/From	<u></u>		Other		
I, Naker'a John to the new Chicago Education	nsor	, am interested in	sending my child(ren	), <u></u>	egganea Riley
		ip charter school in th	e Austin Community	in fall 201	15.
Nakur Jos	) 	and the second section of the section of t			
Signature					

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Student(s) Information			
Full Student Name: Breand Spencer			
Current Age/Grade: 3 years old	☐ 4 years old	□ Pre-K	7
Enrolled in Day Care or Pre-school  Yes No	If yes, what Day Care or P	re-school? NA	*****
Full Student Name: Schenity Spencer	·		
Current Age/Grade: 3 DUL-1/2 Tal 3 years old	☐ 4 years old	☑ Pre-K	
Enrolled in Day Care or Pre-school  Yes  No	If yes, what Day Care or P	e-school? Angelas	
Full Student Name:			
Current Age/Grade:   [3 years old]	4 years old	☑1re-K	
Enrolled in Day Care or Pre-school Tes INo	If yes, what Day Care or Pre-school?		
Parent or Guardian Information			
Name (Last, First): Jenkins Me	41559		
Relationship: Mother 🗆 Father 🗅 Legal Guardian 🗅 Foster Pa	rent 🗖 Other		
Address 1742 N. Lovel Street:		Apartment No.:	
Phone: 773 766-0322 Street:		City: Chicaco	
Email: Melissavenkins 43@g mail. State: II	The second of second	Zip Code: 60 639	
How did you hear about Chicago Education Partnership?			
Word of Mouth/From Margaret Whison	🗖 Community Eve	nt/At	******
☐ Home Visit/From	Other		····
I, Melissa Jenklyk, am interested in	sending my child(ren)	above	
to the new Chicago Education Partnership charter school in the	e Austin Community i	п ган 2015.	
Signature			

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Student(s) Information				
Full Student Name:	Angel sherr	-od		
Current Age/Grade:	3 years old	4 years old	□ Pre-K	
Enrolled in Day Care or Pre-school	Yes 🗅 No	If yes, what Day Care or Pr	re-school? Chaning	
Full Student Name:	<u> </u>		V	
Current Age/Grade:	☐ 3 years old	4 years old	□ Pre-K	
Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care or Pr	re-school?	
Full Student Name:		***************************************		
Current Age/Grade:	□ 3 years old	4 years old	□ Pre-K	
Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care or Pre-school?		
Parent or Guardian Informatio	on			
Name (Last, First):	or Tawanda			
Relationship: Mother D Fathe	r 🔾 Legal Guardian 🗘 Foster Pa	arent 🛘 Other		
Address 1128 N. Me	nard Street	44 - 44	Apartment No.:	
Phone: (630) 398-61	95 Street:		City: Chicago	
Email: 1 qwardalgylo-	State: I	·	Zip Code: 60651	
How did you hear about Chica Word of Mouth/From		○ Community Eve		
☐ Home Visit/From	3	O Other		
I, TALANDA TA to the new Chicago Education Javamala C	Partnership charter school in t	n sending my child(ren he Austin Community	in fall 2015.	

We appreciate your comments and suggestions for the new Chicago Education Partnership charter school. Please feel free to drop a note in our comment & suggestion box at 415 N. Laramie or contact us:

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## A Tuition-Free Public Charter School

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Student(s) Information					
Full Student Name: Micha	el T	Thomas		AND THE PROPERTY OF THE PROPERTY OF	POS GEST NEW PRESENTATION OF THE THE PROPERTY OF THE PROPERTY
Current Age/Grade: 5	☐ 3 years	old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	☐ Yes ☐ I	lo	If yes, what Day Care or	Pre-school?	Brunson
Full Student Name:	The state of the s	itti galaman digari (1965) 1944 Mililah (1945 gerila (1964) Mililah ana an pamilik Mililah (1964) Ana an angga	1972 (1974 )		
Current Age/Grade:	urrent Age/Grade:   3 years old		☐ 4 years old		☐ Pre-K
Enrolled in Day Care or Pre-school	□Yes □N	Jo	If yes, what Day Care or I	Pre-schoo!?	
Full Student Name:	A and the second of the second	We claim for the support post of the support of the		NAMES OF STREET STREET,	THE CONTRACT OF THE RESIDENCE OF THE CONTRACT
Сштепt Age/Grade:	☐ 3 years o	old	🛮 4 years old		C Pre-K
Enrolled in Day Care or Pre-school	Q Yes Q N	C	If yes, what Day Care or Pre-school?		
Parent or Guardian Informatio	)Fì	And the second s			Tallicanter manufacture (Manufacture and American America
Name (Last, First): Davi	5 , <	Jennika		***************************************	
Relationship: Mother 🖸 Father	r 🛛 Legal C	Guardian 🗆 Foster Par	ent 🛘 Other		n de de de la composition de la ciente de la composition della com
Address 751 W.	-	Street: Con	tral	Apartment	No.: 2B
Phone:		Street:		City:	hicaso
Email: Jennikadavis@yal	hoo. s	State: II	Zip Code		60644
How did you hear about Chicag	o Educatio	n Partnership?	the second of the second secon	<del></del>	and the second s
DWord of Mouth/From May	Sant	Johnson	🛘 Community Eve	nt/At	
I Home Visit/From	····		Other		
, Jennika Davi	<u>'S</u>	, am interested in	sending my child(ren)	Mi	charl Thomas
the new Chicago Education I	Partnership	charter school in the	Austin Community i	in fall 2019	5.
Jennika	Das	R	·		
ignatur					

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otudent(s) imormation					
Full Student Name: KyAN	A	THOMAS			
Current Age/Grade: 1/e.5ch	23 yea	rs old	☐ 4 years old	***************************************	□ Pre-K
Enrolled in Day Care or Pre-school LYes D No			If yes, what Day Care or	Pre-school?	Channings
Full Student Name:					
Current Age/Grade:	☐ 3 years old		☐ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	☐ Yes □	No	If yes, what Day Care or	Pre-school?	
Full Student Name:	PADVO CONTRACTOR OF THE PADVO				
Сштепt Age/Grade:	☐ 3 year	s old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □	No	If yes, what Day Care or Pre-school?		ngilwer-walanta a dan kalin da cerem wa da da kalin a kana da da da da kana kana da
arent or Guardian Informatio	)D	WASHINGTON	**************************************	· · · · · · · · · · · · · · · · · · ·	
Name (Last, First): Lemm A	KR	THOMA.	S.	CV manage in physicism ( 1900) is a bod managed of CO.	
Relationship: 🗆 Mother 🕒 Fathe	r 🗆 Lega	l Guardian 🖸 Foster Pa	rent Other		ACCEPTATE DESCRIPTION OF THE PROPERTY OF THE P
Address SS16 W		Street: NORIT	fave	Apartment	No.:
Phone: 872. 2/3. 6	056	Street:	ANNER (Compression of Marian) and a department of the Compression of t	City: CHicaso	
Email:	nail: State: I		City: Cflicas Zip Code: 606		60639
Iow did you hear about Chicag	go Educat	ion Partnership?	507		
Home Visit/From	Jana	A SIOMAIS	D Community Eve D Other	ent/At	
_	5YNG	S am interested in		T	yan- Thomas
the new Chicago Education	Partnershi	p charter school in the	e Austin Community	), in fall 201	5.
Temman Th			•		
gnature					

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Student(s) Information					
Full Student Name: MAliy	ah V	Mans			
Current Age/Grade:	□ 3 уса	rs old	4 years old		₩ Pre-K
Enrolled in Day Care or Pre-school VYes C No			If yes, what Day Care or	Pre-school	J JUN 9
Full Student Name:	and a second	ramijan opsilo CTTC NA Citaliya kasi Citara Apolitii mahda kashaqara 20 km mahda kasaqayan qoqimidda yasaninas	20-20-7-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
Current Age/Grade:	🛛 3 уеа	rs old	Q 4 years old	бествення по	☐ Pre-K
Enrolled in Day Care or Pre-schoo	l □Yes □	N <sub>o</sub>	If yes, what Day Care or	Pre-school?	
Full Student Name:					
Current Age/Grade:	☐ 3 year	es old	0 4 years old	<del></del>	Q Pre-K
Enrolled in Day Care or Pre-school	l 🛛 Yes 🗆	No	If yes, what Day Care or Pre-school?		
Parent or Guardian Informat			The Committee of the Co		
Name (Last, First): William	n.S. /	Ed Court	red	ONTO HELL SCHOOL STATE OF THE SCHOOL	
Relationship: Mother  Fath	rer 🛛 Lega	l Guardian 🗅 Foster Pa	rent Other	inarayaan Madadhaayaan maga	TT SAMENIET EIN IN AN BETONNERE GEHANNE GENANNE EIN DER KONNEN BETONNE BETONNER BETONNE STÜMPER BETONNE STÜMPE
Address 1830 No Car	V S	Street:	Apar		t No.:2 ~ d
Phone: 312-342-4		Street:	City:		орин обит и на поменение оби по се том в менение п Се том в менение обит по се том в менение по се том
Email: cwilliams 4227\$	9 Amril	State:	(ССФАНОСКИ и меженик мунице; e) (side-dependented en y мести-учисту и almig вести-раз е 4 de-учис в веседа раз	Zip Code:	
How did you hear about Chic	ago Educa MAGAI	tion Partnership?	TY 🛛 Community Eve	ent/At	
Home Visit/From			Other		
the new Chicago Education	Gord	, am interested in	sending my child(ren	), Mali	igh williams
Coweling Not	Partnersh	ip charter school in the	e Austin Community	in fall 201	5.
ignature //					

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Student(s) Information					
Full Student Name: EM: 14	,	Soringer	-		
Current Age/Grade:	urrent Age/Grade: / 📈 3 years		4 years old		☐ Pre-K
Enrolled in Day Care or Pre-school    Yes  No			If yes, what Day Care or I	Pre-school?	\$
Full Student Name:					
Current Age/Grade:	☐ 3 years	s old	4 years old		☐ Pre-K
Enrolled in Day Care or Pre-school	☐ Yes ☐	No	If yes, what Day Care or I	Pre-school?	
Full Student Name:					
Current Age/Grade:	☐ 3 years	old	☐ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □	No	If yes, what Day Care or Pre-school?		
Parent or Guardian Informatio	ÞΠ		· · · · · · · · · · · · · · · · · · ·	n-clienerfeiririteral-danispapa; r. sp. papagaga	
Name (Last, First): Sprine	rer,	Meliss	<i>C</i> ~		
Relationship: Mother 🗆 Fathe	r 🗆 Lega	l Guardian 🛭 Foster Pa		**************************************	Maria Maria da Angelo da Santa Maria da Santa d
Address 4907		Street: W Le	xington	Apartmen	t No.:
Phone:		Street:	City: Ch		hicago
Email:		State: Illine	Zip Code		hicago 60644
How did you hear about Chica			\ □ Community Eve		
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i, Melissa S	pringer	, am interested in	sending my child(ren	),	
to the new Chicago Education	Partnersh	ip charter school in th	e Austin Community	in fall 201	5.
Welma Jorn	<u> </u>	·	AMORAL		
Signature // (	,				

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Student(s) Information		11	process,			
Full Student Name:	rials	Taylo	V	PHILIP HOMEON MATERIAL PROPERTY OF THE PHILIPPEN AND THE PHILIPPEN		
Current Age/Grade:	Ø 3 ye	ears old	Q 4 years old		□ Pre-K	
Enrolled in Day Care or Pre-	school 🗆 Yes	Q\(\frac{1}{10}\)	If yes, what Day Care	e or Pre-school?		
Full Student Name:		д фоношности до в продости на применения на применения до проду в применения до применения до применения до пр Стите применения до применения				
Current Age/Grade:	□ 3 ye	ars old	4 years old	el hadisələrini sərəsində ilə dərəyənin əsəsə ə dələrini əsəsə hələrini ilə qərəyə yazındı.		
Enrolled in Day Care or Pre-s			If yes, what Day Care	or Pre-schools	C Pre-K	
Full Student Name:				on 110-301001		
Current Age/Grade:	☐ 3 yea	re old		- National Advanced Control of the C		
			☐ 4 years old		□ Pre-K	
Enrolled in Day Care or Pre-school Q Yes Q No			If yes, what Day Care	If yes, what Day Care or Pre-school?		
arent or Guardian Information (Last, First):	10001	- 17				
Relationship: I Mother []	All Charles	errella al Guardian 🗆	Foster Parent 17 Oshon		TO COMPANY TO THE RESIDENCE OF THE PROPERTY OF THE RESIDENCE OF THE PROPERTY O	
ddress 954	4	Street		A		
hone:	Ne	Street:	-avergne	Apartment	No.:	
708.965.	0921		OOK with the state of the state	City: Chra		
		State:	T.L.	Zip Code:	60651	
ow did you hear about C Word of Mouth/From	hicago Educa	ion Partnersh	ip?		Advanced (1984 1985 (1984 1985) (1986 1985) (1986 1986 1986) (1986 1986 1986 1986 1986 1986 1986 1986	
Home Visit/From	VILVA CAY &	et John	S pr ☐ Community E	vent/At		
Cherrelle I	ay or	, am inter		sn) Syr	i'ah	
Charrell	ion Partnershi	ip charter scho	ested in sending my child(re ool in the Austin Communit	y in fall 2015.		
sture /						
	***************************************					

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Student(s) Information						
Full Student Name: Ja Va	rie -	10	olen			
Current Age/Grade:	□ 3 years ol	d	AND THE COLUMN TO SERVICE OF THE SER	🛂 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	UYes UNO	**************************************	agangan manahahahan mbasan kahamahahah	If yes, what Day Care or Pro	e-school?	Charnings
Full Student Name:					·	
Current Age/Grade:	☐ 3 years ol	d	yang ayan da arawa arawa arawa ayan ayan arawa a	☐ 4 years old		☐ Pre-K
Enrolled in Day Care or Pre-school	☐ Yes ☐ No	)	***************************************	If yes, what Day Care or Pro	e-school?	
Full Student Name:	CACACACACACACACACACACACACACACACACACACA	A HITTORY	etholisione blumenni foliule blume menyeny	nininin kembahada 1904-00000000000000000000000000000000000		MOGRAPHICAL
Current Age/Grade:	☐ 3 years ol	d		☐ 4 years old	***************************************	☐ Pre-K
Enrolled in Day Care or Pre-school	☐ Yes ☐ No	)	SHIKWACANACATTA PURANTIA SHI	If yes, what Day Care or Pre-school?		
Parent or Guardian Informatio	on					
Name (Last, First): TOO	leu.	Ja	'Smin	_		Š
Relationship:   Mother Father						
Address 50/5 W	S	treet:	Hur	on	Apartmen	t No.:
Phone: 773-999-5	775 TS	treet:		and the state of t	City:	Lhicago
Email:	S	tate:	1		Zip Code:	60649
How did you hear about Chica	go Educatio	-48	manine I v			
Word of Mouth/From	Varga	LUS	John	S Community Even	nt/At	Make and the second
Home Visit/From				Other		
1, Jasmine 10				n sending my child(ren)	,	charie Took
to the new Chicago Education	Partnership	chartei	r school in t	he Austin Community i	n fall 201	15.
Jesmy =	Josley			MANAGAMA January Company		
Signature	X	Š				
	A140					

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Student(s) Information	11	1			
Full Student Name: Jan	iya A. Ja	ckson			
Current Age/Grade:	3 years old	☐ 4 years old	*	□ Pre-K	
Enrolled in Day Care or Pre-school XYes  No		If yes, what Day Care of MANON	or Pre-school? OUNG	Home Day Care	
Full Student Name:					
Current Age/Grade:	☐ 3 years old	☐ 4 years old		□ Pre-K	
Enrolled in Day Care or Pre-school	i 🗆 Yes 🗆 No	If yes, what Day Care of	or Pre-school?	<u> </u>	
Full Student Name:					
Current Age/Grade:	☐ 3 years old	□ 4 years old		□ Pre-K	
Enrolled in Day Care or Pre-school	ol □ Yes □ No	If yes, what Day Care o	If yes, what Day Care or Pre-school?		
Parent or Guardian Informa	tion				
Name (Last, First):	ine 4 sec	trrow			
Relationship: Mother 🗆 Fat					
Address 4626	Street:	ne	Apartmen	ıt No.:	
Phone: (771) 287-745	Street	w. Ene	City:	hici490	
Email: <u>Segrowbennett@</u> q	State:	inois	Zip Code	60644	
How did you hear about Chi					
$\supset$ Word of Mouth/From $M$	arion Young	🗆 Community I	Event/At		
☐ Home Visit/From	***************************************	Other		Commission of the Commission o	
i, Bearlow A	Rennett, am intere	ested in sending my child(r	en), M/	giva a Jackso	
o the new Chicago Education  Large (1)	on Partnership charter school	ol in the Austin Communi	ry in fall 20:	15. /	
Signature	And the state of t			tw -	
We appreciate your comment drop a note in our comment o	ts and suggestions for the ne & suggestion box at 415 N.	ew Chicago Education Par Laramie or contact us:	tnership ch	arter school. Please feel free to	

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Student(s) Information			
Full Student Name: A / //	ah Davis		
Current Age/Grade:	☐ 3 years old	24 years old	□ Pre-K
Enrolled in Day Care or Pre-scho	oi 🗆 Yes 🕩 No	If yes, what Day Care	or Pre-school? Home Daycara
Full Student Name:	, , , , , , , , , , , , , , , , , , , ,		the state of the s
Current Age/Grade:	☐ 3 years old	4 years old	□ Pre-K
Enrolled in Day Care or Pre-scho	ol Yes No	If yes, what Day Care	or Pre-school?
Full Student Name:			
Current Age/Grade:	□ 3 years old	4 years old	□ Pre-K
Enrolled in Day Care or Pre-scho	ol 🗆 Yes 🗆 No	If yes, what Day Care	or Pre-school?
Parent or Guardian Informa	ntion		
Name (Last, First):	< Nicole	**************************************	Market
	ther Degal Guardian Des AIDNAMO THEK	ter Parent 🖾 Other	
Address 4130 W	Street: Vh		Apartment No.:
Phone: 2/1-2/17-6	1495 Street: 4730 W	1. Rece Are	City: Chicago
Email: NICOlo 3 dac	15 Quahrens IL	Linois	Zip Code: LOGAL
How did you hear about Ch	icago Education Partnership?		the state of the s
Word of Mouth/From	larion Koung	□ Community	Event/At
☐ Home Visit/From	P 1	□ Other	
NICOLE Day	, am interes	ted in sending my child(	ren), Jak Ivah Davis
to the new Chicago Education	on Partnership charter school	in the Austin Commun	ity in fall 2015.
Signature			
We appreciate your commen	ts and suggestions for the new	w Chicago Education Pa	rtnership charter school. Please feel free to

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Student(s) Information						
Full Student Name:	rael					
Current Age/Grade:	□ 3 ye	ars old	☐ 4 years old		□ Pre-K	
Enrolled in Day Care or Pre-	school 🍳 Yes	□ No	If yes, what Day Care	or Pre-school?		
Full Student Name:			· · · · · · · · · · · · · · · · · · ·			
Current Age/Grade:	□ 3 ye	ars old	4 years old		□ Pre-K	
Enrolled in Day Care or Pre-	school 🗖 Yes	□ No	If yes, what Day Care	or Pre-school?		
Full Student Name:			**************************************			
Current Age/Grade:	□ 3 ye	ars old	☐ 4 years old	·	☐ Pre-K	
Enrolled in Day Care or Pre-	school 🗖 Yes	□ No	If yes, what Day Care	If yes, what Day Care or Pre-school?		
Parent or Guardian Info	rmation					
Name (Last, First):	ney, Pr	icess				
Relationship: Mother	Father 🗆 Le	gal Guardian 🛭 Fost	ter Parent 🚨 Other			
Address 1037 W. Va	n Burch	Street:		Apartme	ent No.:	
Phone:		Street:		City: Bellwood		
Email:		State:		Zip Cod	60104	
How did you hear about						
ਊWord of Mouth/From _	Dollie S	hermen	🖸 Community	Event/At		
□ Home Visit/From			Other	***************************************		
Τ.		am interest	ed in sending my child	(ren)		
to the new Chicago Edu	cation Partner	ship charter school	in the Austin Commur	nity in fall 20	015.	
Prinas &	le Aren	and the same of th		·		
Signature	0					
We appreciate your com	ments and sug	gestions for the nev	v Chicago Education Pa	artnership cl	narter school. Please feel free t	
drop a note in our comm	ent & suggest	ion box at 415 N. L	aramie or contact us:			

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Student(s) Information					
Full Student Name: Yavier Colema	Ŋ				
Current Age/Grade:	2 3 years old	4 years old		□ Pre-K	
Enrolled in Day Care or Pre-school	Enrolled in Day Care of Pre-school Ves No		r Pre-school?		
Full Student Name:	٠				
Current Age/Grade:	☐ 3 years old	🛭 4 years old		□ Pre-K	
Enrolled in Day Care or Pre-school	✓ Yes □ No	If yes, what Day Care or	r Pre-school?		
Full Student Name:					
Current Age/Grade:	□ 3 years old	4 years old		□ Pre-K	
Enrolled in Day Care or Pre-school	□ Yes □ No	If yes, what Day Care o	If yes, what Day Care or Pre-school?		
Parent or Guardian Information	n	***************************************			
Name (Last, First):	Llaudette_				
Relationship:   Mother Fathe	r 🛚 Legal Guardian 🗆	Foster Parent 🛮 Other 🔾 📉	and Mu	other	
Address	Street:	oth Hambro	Apartment No.: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Phone (773) 786-615	Street		City:	,	
Email: Claudette, have 6	State:		Zip Code:		
How did you hear about Chica	• "	ship?	Λ	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
□ Word of Mouth/From		Community E	Event/At Di	y the hands Clu	
☐ Home Visit/From		Other			
. Claudette Ha	ream int	terested in sending my child(re	en)		
to the new Chicago Education	Partnership charter sc	shool in the Austin Communit	ty in fall 201	5.	
Showeth Ata	ine			·	
Signature	7				

We appreciate your comments and suggestions for the new Chicago Education Partnership charter school. Please feel free to drop a note in our comment & suggestion box at 415 N. Laramie or contact us:

A Tuition-Free Public Charter School

### LETTER OF INTENT TO ENROLL

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Student(s) Information					
Full Student Name: 14/6	e Greorge BR	14			
Current Age/Grade:	4.3 years old	4 years old		□ Pre-K	
Enrolled in Day Care or Pre-schoo	If yes, what Day Care o	or Pre-school?	EResh Start Daycas		
Full Student Name:	White the defined data data and a few sections of the section of t	The second secon	- PPR - PROBLEM SWHOON	titis til til til se men store til store til se store til s	
Current Age/Grade:	2 3 years old	☐ 4 years old	00-00-00-00-00-00-00-00-00-00-00-00-00-	☐ Pre-K	
Enrolled in Day Care or Pre-schoo	l □ Yes □ No	If yes, what Day Care o	r Pre-school?	A CONTRACTOR OF THE PARTY OF TH	
Full Student Name:			NAME OF THE OWNER O		
Current Age/Grade:	☐ 3 years old	4 years old	***************************************	□ Pre-K	
Enrolled in Day Care or Pre-schoo	1 🗆 Yes 🗓 No	If yes, what Day Care o	If yes, what Day Care or Pre-school?		
Parent or Guardian Informat	ion	от при	in in the last of	A-Calmina and Trice and the Calmina and the Ca	
Name (Last, First): BRI	t. Kellie	The second secon	Andrew Communication Communication Communication Communication Communication Communication Communication Commu		
Relationship; DMother 🗆 Fatl	aer 🗆 Legal Guardian 🗀 Fost	er Parent 🛛 Other		CONTROL OF THE CONTRO	
Address 4338 W-2181	Street: 2/8	- 7	Apartmer	nt No.:	
Phone: 630-570-136	Street:		City:		
Email: Kellie 2081 @yx	Moo.com State:		Zip Code:		
How did you hear about Chic					
☐ Word of Mouth/From		@TCommunity F	Event/At		
☐ Home Visit/From					
I, Kellie L. BR	, am interesto	ed in sending my child(r	en), <u>T</u> 4/	er G. Britt	
to the new Chicago Educatio	mPartnership charter school	in the Austin Communi	ty in fall <b>2</b> 01	15.	
120in/. (	Dut .				
Signature	uur-				

We appreciate your comments and suggestions for the new Chicago Education Partnership charter school. Please feel free to drop a note in our comment & suggestion box at 415 N. Laramie or contact us:

773.614.7560 (text)

cepfeedback@gmail.com

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Student(s) Information				
Full Student Name: ElGin	Manson			
Current Age/Grade:	☑ 3 years old	☐ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	Yes DNo	If yes, what Day Care or Pre-school? Austra		
Full Student Name:		<del>, per ann per per per ann ann ann ann ann ann ann an ann ann</del>	- observed and a second approximate	
Current Age/Grade:   3 years old		4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care or	Pre-school?	
Full Student Name:		MICHAEL MACHAEL REGISTRA CHARLAS METRICA COMPANIA CONTRACA		
Current Age/Grade:	□ 3 years old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care or Pre-school?		
Parent or Guardian Information	n .			The second secon
Name (Last, First): Man	son Trac	The second of th	***************************************	
Relationship: Mother 🗆 Fathe	r 🛘 Legal Guardian 🗘 Foster Pa	rent 🛘 Other		
Address 561 N. L	ockward Street:	The state of the s	Apartmen	t No.: A
Phone: (73) 626-437	Street: (773) 45	8-6162	City:	hicago
Email: 14 Cymanson Bydhos		Zip Code: 606 44		
How did you hear about Chica	go Education Partnership?	/		
☐ Word of Mouth/From		🖰 Community Ev	ent/At	
☐ Home Visit/From		Other		
I. Tyggy Manso	, am interested in	sending my child(rer	a), <u>[[</u>	gin Manson
to the new Chidago Education	Partnership charter school in th	ie Austin Community	in fall 201	.5.
Signature	av s-	<del></del>		

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# Chicago Education Partnership McKinney's A Tuition-Free Public Charter School E.L.A.

#### LETTER OF INTENT TO ENROLL

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Student(s) Information					·
Full Student Name: Ke'mo	~ te	Gaiter			
Current Age/Grade:	☐ 3 years old		☐ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	U-Yes 🗆	No	If yes, what Day Care or I	Pre-school?	Academy
Full Student Name:					
Current Age/Grade:	☐ 3 years	old	☐ 4 years old		☐ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □	No	If yes, what Day Care or I	Pre-school?	alaun-1
Full Student Name:			**************************************	MANAGEMENT AND ASSESSED OF THE PARTY OF THE	
Current Age/Grade:	☐ 3 years	old	☐ 4 years old		☐ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □	Ño	If yes, what Day Care or Pre-school?		
Parent or Guardian Informati	оп				
Name (Last, First):	e~ :	Shaves	Hq		
Relationship: Mother D Fath	er 🗆 Lega			**************************************	
Address at W. Leckiv	VZ.	Street:	1997   19	Apartme	nt No.:
Phone: 13-667-57		Street:	City: Chi Careso		h Caeo
Emails derivered		State: TL	Zip Code: (60651		:60651
How did you hear about Chica					
☑Word of Mouth/From			🗖 Community Ev	ent/At	
☐ Home Visit/From			Other <u> </u>	sinne	1's Farly Learning Academ
I, Shave He Ga	Jen	, am interested is	n sending my child(re	n), Ko	monte Garter
to the new Chicago Education	n Partnersh	ip charter school in t	he Austin Community	in fall 20	015.
Showel To	71ai	Jan.			
Signature				-	
·					

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Chicago Education Partnership McKinney's
A Tuition-Free Public Charter School Edity Learning Academy

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otudent(s) Information			, , , , , , , , , , , , , , , , , , , ,	
Fuli Student Name:	aila Burd			
Сштепt Age/Grade:	3 years old	4 years old	□ Pre-K	
Enrolled in Day Care or Pre-school	⊈Yes □ No	If yes, what Day Care or I	Pre-school?	
Full Student Name: Max	sayla Hollin	is Bird	**************************************	
Current Age/Grade:	S years old	☐ 4 years old	□ Pre-K	
Enrolled in Day Care or Pre-school	Yes D No	If yes, what Day Care or I	Pre-school?	
Full Student Name:	**************************************			
Current Age/Grade:	□ 3 years old	☐ 4 years old	☐ Pre-K	
Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care or Pre-school?		
Parent or Guardian Informatio	)n			
Name (Last, First):	1. Michelle			
Relationship: Mother 1 Fathe	er 🗆 Legal Guardian 🗀 Foster Pa	arent 🗆 Other		
Address (0-37 N	Street: N	ardino	Apartment No.:	
Phone: (1)3) 236-	OSG Street:	9	City: Chilago	
Email: Chelly76876	State:		Zip Code: 6060	
How did you hear about Chica  Word of Mouth/From	SCOM go Education Partnership? S.MCKMNeySI	Day Carl Community Ev	ent/At	
☐ Home Visit/From	-	Other		
I, Mi Chollo E	, am interested in Partnership charter school in t	n sending my child(ren	n), Malarla Ma	
Michelle	Bind		Sind Sind	
Signature				

We appreciate your comments and suggestions for the new Chicago Education Partnership charter school. Please feel free to drop a note in our comment & suggestion box at 415 N. Laramie or contact us:

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Student(s) Information					
Full Student Name: Shay	la	Davi S			
Current Age/Grade: REGARD	□ 3 years o	old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	ODYYes □ N	lo	If yes, what Day Care or I	?re-school?	Channing
Full Student Name:					MOONE to be to
Current Age/Grade:   3 years old		old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □ N	lo	If yes, what Day Care or I	Pre-school?	
Full Student Name:					
Current Age/Grade:	3 years o	old	□ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □ N	Ю	If yes, what Day Care or Pre-school?		
Parent or Guardian Informatio	n			. *************************************	
Name (Last, First): Day	i's,	Lingell			
Relationships Mother  Father	r 🗆 Legal (	Guardian 🏻 Foster Pa	rent 🛘 Other		
Address 183 N	<i>J</i>	Stredt: Leav	ninaton	Apartmen	t No.:
Phone: 773 - 261 - 03	348 _	Street:		City: ChiCaxo	
Email:		State:	Zip Code		60651
How did you hear about Chicag	go Educatio	on Partnership?			,
☐ Word of Mouth/From			🗖 Community Eve	ent/At	
☐ Home Visit/From			Other		
I, <u>Junguel Dare</u> to the new Chicago Education	Dorto ambio	, am interested in	n sending my child(ren	n), <u>5</u>	Layla Dins
League Do		charter school in th	ic Ausun Community	ти тап 20.	<i>y</i>
Signature Jan		***************************************	Annual Annua		

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Student(s) Information					
Full Student Name: Tyles		Ellis			
Current Age/Grade:	Current Age/Grade: 3 years		D4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	Enrolled in Day Care or Pre-school 🖫 Yes 🗆 No			re-school?	Channings
Full Student Name:					<u> </u>
Current Age/Grade:	Current Age/Grade: 2 3 years old		□ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □	No	If yes, what Day Care or I	re-school?	attended to the second
Full Student Name:	***	The state of the s			
Current Age/Grade:	□ 3 years	old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □	No	If yes, what Day Care or I	If yes, what Day Care or Pre-school?	
Parent or Guardian Information	n				
Name (Last, First): Hugh	e5.	Candice			
Relationship: Mother  Fathe	г 🗖 Legal	Guardian 🛭 Foster Pa	rent 🛘 Other		MANUAL PROPERTY OF THE PROPERT
Address 1457 N		Street: Locker	100d Apartme		t No.:
Phone:		Street:		City: Chicago	
Email:		State:	Zip Code		60651
How did you hear about Chica	•	•			
Word of Mouth/From //		· · · · · · · · · · · · · · · · · · ·	🗖 Community Eve	ent/At	
☐ Home Visit/From			Other		1
I, Candice Hu	ches	, am interested in	sending my child(ren	i), <u>Jy</u>	ler Ellis
to the new Chicago Education	Partnersh	ip charter school in th	ne Austin Community	in fall 20:	15.
Cardice	Ling	hio			
Signature	y				

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☐ 3 years old	V4 years old	□ Pre-K		
WYes DNo	If yes, what Day Ca	re or Pre-school? Chamber		
And the second s				
D 3 years old	☐ 4 years old	$\Box$ $Pre-K$		
☐ Yes ☐ No	If yes, what Day Car			
☐ 3 years old	☐ 4 years old	C Pre-K		
Enrolled in Day Care or Pre-school TYes TNo		If yes, what Day Care or Pre-school?		
	Andrean Section of the Section of th			
ms, Jasmir	1 C			
C Legal Guardian C Foste	r Parent 🔲 Other	TET CENTRAL CONTRACTOR OF THE		
Street St.	the Shi	Apartment No.:		
Street:		City: Checiso		
State:		Zip Code: 60616		
o Education Partnership?				
	Community 1	Twent/A+		
	Other	SVOID AL		
10.1700		as Marcell House		
- creative crimited actions in	me Ausun Communi	ty in fall 2015.		
e Cleroso				
	□ 3 years old □ 3 years old □ Yes □ No □ 3 years old □ Yes □ No □ Syears old □ Syears o	□ 3 years old  □ 3 years old □ 4 years old □ 5 years old □ 5 years old □ 6 years old □ 6 years old □ 7 years old □ 8 years old □ 9 years old □ 1 years old □ 1 years old □ 1 years old □ 2 years old □ 3 years old □ 4 years old □ 4 years old □ 5 years old □ 6 years old □ 6 years old □ 7 years old □ 6 years old □ 7 years old □ 8 years old □ 9 years old □ 1 years old □ 1 years old □ 1 years old □ 2 years old □ 3 years old □ 4 years old □ 6 years old □ 6 years old □ 7 years old □ 1 years old □ 6 years old □ 6 years old □ 7 years old □ 6 years old □ 7 years old □ 7 years old □ 6 years old □ 7 years old □ 7 years old □ 7 years old □ 8 years old □ 9 years old □ 1 years old □ 1 years old □ 2 years old □ 2 years old □ 3 years old □ 3 years old □ 4 years old □ 4 years old □ 6 years old □ 7 years old □ 9 years old □ 1 years old □ 1 years old □ 2 years old □ 2 years old □ 3 years old □ 4 years old □ 4 years old □ 4 years old □ 2 years old □ 3 years old □ 4 years old □ 4 years old □ 2 years old □ 3 years old □ 4 years old □ 6 years old □ 9 years old □ 1 years old □ 1 years old □ 2 years old □ 3 years old □ 4 years old □ 1 years old □ 1 years old □ 2 years old □ 3 years old □ 4 years old □ 5 years old □ 6 years old □ 7 years old □ 9 years old □ 9 years old □ 1 years old □ 1 years old □ 1 years old □ 1 years old □ 2 years old □ 3 years old □ 4 years old □ 5 years old □ 6 years old □ 9 years old		

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Student(s) Information					
Full Student Name: \acgue{acgu}	es .	Dye			
Current Age/Grade: 1 4 - Weschool	☐ 3 years	old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	Yes 🗆 1	Vo	If yes, what Day Care or Pre-school? Chaming		
Full Student Name:					
Current Age/Grade: 2 3 years old		old	□ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school  Yes No			If yes, what Day Care or P	re-school?	
Full Student Name:					WARACA CO.
Current Age/Grade:	☐ 3 years	old	□ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □ N	Vo	If yes, what Day Care or Pre-school?		
Parent or Guardian Informatio	חנ		The second secon	************	
Name (Last, First):	rique	Dye			
Relationship: Mother 🗆 Fathe	т 🗖 Legal	Guardian 🛭 Foster Pa	rent 🗆 Other		4 - 1
Address		Street:	Apartm		t No.:
Phone:		Street:	City:		Chicago
Email:		State:	Zip Code:		
How did you hear about Chica					
Word of Mouth/From			🗆 Community Eve	nt/At	
□ Home Visit/From	W-104-10-10-10-10-10-10-10-10-10-10-10-10-10-		Other	.,	
I, Dominique L to the new Chicago Education	74e	, am interested in	sending my child(ren	),	acques Due
to the new Chicago Education	Partnership	charter school in th	e Austin Community	in fall 201	15.
Domeng	us D	70			
-	(	J			

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Student(s) Information					
	ison Ke	1/24			
Current Age/Grade: Presched	243 years old	□ 4 years old		□ Pre-K	
Enrolled in Day Care or Pre-school	☑Yes □No	If yes, what Day Care or	Pre-school?	Channings	
Full Student Name:					
Current Age/Grade:	☐ 3 years old	4 years old		□ Pre-K	
Enrolled in Day Care or Pre-school	Yes No	If yes, what Day Care or	Pre-school?		
Full Student Name:					
Current Age/Grade:	☐ 3 years old	☐ 4 years old		□ Pre-K	
Enrolled in Day Care or Pre-school	□ Yes □ No	If yes, what Day Care or	If yes, what Day Care or Pre-school?		
Parent or Guardian Informatio	n				
Name (Last, First): Wells	, Taneshi	1			
Relationship: Mother 🗆 Fathe	r 🚨 Legal Guardian 🗖 Foste	r Parent 🛭 Other	·····		
Address 1257 N.	Street: M.	ason	Apartmen	t No.:	
Phone: 773-417-22	,		City:	City: Chicago	
Email:	State:		Zip Code:	Chicago Code: 60651	
How did you hear about Chicaș	go Education Partnership?			A POLICE AND A STATE OF THE STA	
☑ Word of Mouth/From		🗖 Community Ev	ent/At		
☐ Home Visit/From		Other			
I, Taneshia	Wells, am intereste	d in sending my child(rer	$n$ ), $\mathcal{M}$	ladison Kelley	
to the new Chicago Education	Partnership charter school i	n the Austin Community	in fall 201	5.	
Tarrest e	Mella				
Signature					

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Full Student Name:	eremeal u	) es 8		
Current Age/Grade:	☐ 3 years old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-s	chool Yes 🗆 No	If yes, what Day Care o	r Pre-school?	nerey
Full Student Name:	THE STATE OF THE S			
Current Age/Grade:	☐ 3 years old	☐ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school  Yes  No		If yes, what Day Care o	r Pre-school?	
Full Student Name:				
Current Age/Grade:	□ 3 years old	☐ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-s	e-school  Yes  No  If yes, what Day Care or Pre-school		r Pre-school?	,
Parent or Guardian Info	rmation	<del> </del>	·	
Name (Last, First):	Jest, Me	lisa		
Relationship: Mother	Father 🗖 Legal Guardian 🕻		***************************************	WARRAND COMMISSION AND AND AND AND AND AND AND AND AND AN
Address 1636 N	Leolair Street:		Apartment	· No.:
Phone: 773-8	C		City:	CONTRA TO A SAME LECTURE AND A SAME A RAPIT COMMON TO SERVICE SERVICE SERVICE SERVICE CONTRACTOR OF THE CONTRACTOR OF TH
Email:	State:		Zip Code:	
How did you hear about	Chicago Education Partner	ship?	Zip Code:	
How did you hear about		ship? 6 🗅 Community F		
How did you hear about	Chicago Education Partner	/) *		
How did you hear about of Word of Mouth/From  Home Visit/From , MUUCA	Chicago Education Partner  Little I Linete  LULL , am in	Community F  Other  uterested in sending my child(r	Event/At	eremeal wer
How did you hear about of Word of Mouth/From  Home Visit/From , MUUCA	Chicago Education Partner  Little I Linete  LULL , am in	Community F	Event/At	eremeal wer
How did you hear about of Word of Mouth/From  Home Visit/From , MUUCA	Chicago Education Partner  Little / Line to	Community F  Other  uterested in sending my child(r	Event/At	eremeal wer

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www.chicagoedpartners.org

cepfeedback@gmail.com

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Student(s) Information	Line	eC Tr	and the		
Full Student Name: Level	le	Trac H	. /		
Current Age/Grade:	☐ 3 years	old Ø	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	□Yes @1	√o	If yes, what Day Care or Pi	re-school?	
Full Student Name: //er	ine	dy Tr	- Cay	· · · · · · · · · · · · · · · · · · ·	
Current Age/Grade:	☐ 3 years	old (	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	□Yes □H	Vo	If yes, what Day Care or P	re-school?	
Full Student Name:		ACCOMMENSATION OF COMMENSATION CORRESPONDED TO THE COMMENSATION OF			**************************************
Current Age/Grade:	☐ 3 years	old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	l Yes □ l	Vo	If yes, what Day Care or Pre-school?		
Parent or Guardian Informatio	n				
Name (Last, First):					
Relationship:   Mother Father	- 🛭 Legal	Guardian 🛭 Foster Pa	rent 🗆 Other		
Address 16 48 N Nat	cly	Street:		Apartment	t No.:
Phone: 773 - 7930	149	Street:		City:	kgo.
Email:		State:	Zip Code		60707
How did you hear about Chicag					
Word of Mouth/From	eth 1	Cento	🗆 Community Eve	nt/At	MARKA Value of the second seco
☐ Home Visit/From	***************************************		Other		
I, <u>Lenelle Ts.</u> to the new Chicago Education	y Partnershi	, am interested in the charter school in the	n sending my child(ren ne Austin Community	), <u>Lo</u> in fall 201	velle & Kennest 15.
Levelle Tra				v .	
Email:  How did you hear about Chicago Word of Mouth/From Home Visit/From  I, Lewelle Tra to the new Chicago Education  Lewelle Tra	go Educat Lech / Partnersh	ion Partnership?	Other	:nt/At ),	velle & Kennes

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Student(s) Information					
Full Student Name: DeSHM	Bailey				
Current Age/Grade:	rade: 5 3 years old		Pre-K		
Enrolled in Day Care or Pre-school	Enrolled in Day Care or Pre-school 🏻 Yes 🖾 No		or Pre-school?		
Full Student Name:					
Current Age/Grade:	□ 3 years old	4 years old	□ Prc-K		
Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care	or Pre-school?		
Full Student Name:					
Current Age/Grade:	☐ 3 years old	□ 4 years old	O Pre-K		
Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care	If yes, what Day Care or Pre-school?		
Parent or Guardian Informat					
Name (Last, First):	Sam				
Relationship: Mother 🖸 Fath	ner 🛘 Legal Guardian 🗘 F	Foster Parent 🚨 Other	We first think the manufacture of the second state of the second s		
Address 2325 5.231	dve Street		Apartment No.:		
Phone: (708) 692-7574			City:		
Email:	States		Zip Code:		
How did you hear about Chiq	ago Education Partnershi	17 <sup>2</sup>	A second		
☐ Word of Mouth/From	wet Kin	16 - Community	Event/At		
		=1			
emiti.	U am inter	rested in sending my child	(ren), Desting Box		
to the new Chicago Educatio	n Partnership charter scho	ool in the Austin Commur	nity in fall 2015.		
Don Hill			•		
Signature		A STATE OF THE STA			

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### A Tuition-Free Public Charter School

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Student(s) Information							
Full Student Name: Naomi	Care	2					
Current Age/Grade:	☐ 3 years	old	4 years old	*	Pre-K		
Enrolled in Day Care or Pre-school	ØlYYes □	No	If yes, what Day Care or Pre-school? Nava's House Home Day care				
Full Student Name: Nami Lorea Ca							
Current Age/Grade: Pre 3 years old		☐ 4 years old		☐ Pre-K			
Enrolled in Bay Care or Pre-school BYes D No			If yes, what Day Care or 1	Pre-school?	eschool		
Full Student Name:							
Current Age/Grade:	☐ 3 years	old	□ 4 years old		□ Pre-K		
Enrolled in Day Care or Pre-school	Enrolled in Day Care or Pre-school 🔲 Yes 👊 No		If yes, what Day Care or Pre-school?		Leave the second		
Parent or Guardian Information	n						
Name (Last, First): Call,	<u>D</u> â	nyada					
Relationship: Mother  Fathe	r 🛭 Lega	l Guardian 🚨 Foster Pa	rent 🗖 Other				
Address 1633 N	ě	Street: Keustr	TOP AUC Apartm		nt No.: 44 2		
Phone: (173) 459 K	279	Street:		City:			
Emal: Carrier 83010	oud,	State:	Zip Coo		a0(079		
How did you hear about Chicag	OM go Educaj	ion Partnership?			,		
Word of Mouth/From Mer	1e R	obertson	Community Ev	ent/At			
☐ Home Visit/From			Other				
I, Lanyada L.	lan	, am interested in	n sending my child(rer	1), 👠	omi Can		
to the new Chicago Education	Partnersh a	ip charter school in th	ne Austin Community	in fall 20	15.		
Danyada A.	'M)						
Signature []							

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Student(s) Information			
Full Student Name: Secqu	uotah Hend	erson	
Current Age/Grade:	3 years old	□ 4 years old	☑ Pre-K
Enrolled in Day Care or Pre-scho	ool 🗆 Yes 🗆 No	If yes, what Day Care or	Pre-school?
Full Student Name	uwan		
Current Age/Grade:	□ 3 years old	4 years old	□ Pre-K
Enrolled in Day Care or Pre-scho	ool 🗆 Yes 🚨 No	If yes, what Day Care or	Pre-school?
Full Student Name:			
Current Age/Grade:	☐ 3 years old	4 years old	□ Pre-K
Enrolled in Day Care or Pre-scho	ool 🗆 Yes 🗆 No	If yes, what Day Care or	Pre-school?
Parent or Guardian Inform	aation		
Name (Last, First):			
Relationship: 🗆 Mother 🔘 F	ather 🛭 Legal Guardian 🗖 F	Foster Parent 🚨 Other	
Address	Street:		Apartment No.:
Phone:	Street:		City:
Email:	State:		Zip Code;
How did you hear about Cl	nicago Education <u>Partn</u> ershi	in?	
☐ Word of Mouth/From		Community E	vent/At Cuslin netu
Home Visit/From		Other	
Beittney Mi	ONTGOMEN am inter	ested in sending my child(re	n),
o the new Thicago Educati Dath Mot	ion Partnership Charter scho	ool in the Anstin Communit	y in fall 2015.
Signature	x 8		

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Student(s) Information						
Full Student Name: Gabri	ielle N	laetiN				
Current Age/Grade:	☐ 3 years	old	4 years old	in.	□ Pre-K	
Enrolled in Day Care or Pre-scho	ool <b>C</b> Yes 🗆	No	If yes, what Day Care of Naya's House	or Pre-school? E-HOME	Daycare	
Full Student Name:						
Current Age/Grade:	☐ 3 years	s old	☐ 4 years old	**************************************	☐ Pre-K	
Enrolled in Day Care or Pre-sch	ool 🗆 Yes 🗅	No	If yes, what Day Care o	or Pre-school?		
Full Student Name:						
Current Age/Grade:	Current Age/Grade: 3 years old		4 years old		□ Pre-K	
Enrolled in Day Care or Pre-sch	ool 🗆 Yes 📮	No	If yes, what Day Care o	If yes, what Day Care or Pre-school?		
Parent or Guardian Inform	ation					
Name (Last, First):	irson, l	atreese				
Relationship: D'Mother DF						
Address 532(1		Street:	Module	Apartmer	nt No.:	
Phone: 708-928-36	,94	Street:	U	City:	Chicago	
Email: atreese ja	Dy mail o	State: TL		Zip Code: (OD 651		
How did you hear about Cł	L'					
Word of Mouth/From	lerle K	obertson	Community I	Event/At		
☐ Home Visit/From			Other			
I, LAIREESE Jim	recon	, am interested	in sending my child(r	en), <u>G</u> A	brielle Martin	
to the new Chicago Educat		ip charter school in	the Austin Communi	ty in fall 20	15.	
	usu)					
Signature /						

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Current Age/Grade:	☑ 3 years old	4 years old	□ Pre-K
Enrolled in Day Care or Pre	-school ■ Yes □ No	If yes, what Day Care	or Pre-school? Daycare
Full Student Name:			
Current Age/Grade:	☐ 3 years old	4 years old	□ Pre-K
Enrolled in Day Care or Pre	-school □ Yes □ No	If yes, what Day Care	or Pre-school?
Full Student Name:			
Current Age/Grade:	□ 3 years old	□ 4 years old	□ Pre-K
Enrolled in Day Care or Pre	-school 🗆 Yes 🗅 No	If yes, what Day Care	or Pre-school?
arent or Guardian Info	ormation		
	RIO HARE		
Relationship:   Mother	Father 🗆 Legal Guardian 🗅	Foster Parent Other	
Address 5217 N. G	Street:		Apartment No.:
<u>5317 U.G</u>	8877 Street:		City:
e manile	152360 State:		Zip Code:
SBC low did you hear about	Chicago Educațion Partners	hin?	
	Merle Robertson	-	Event/At
☐ Home Visit/From ☐ Other			
MARIO HY	rezimon	compared to an all 1911/	ren), Jua Hardem
the new Chicago Edu	cation Partnership charter sci	hool in the Austin Communi	ren), 120 ( 1200 ( 1200 ) itv in fall 2015.
. 100 · al	ideman		., 2013.
Marin Ma	C /^\1 //Y 1/\tau_/\C /		

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Student(s) Information		_	
Full Student Name:	ari Terrell	Stockha	Œ
Current Age/Grade:	13 years old	4 years old	□ Pre-K
Enrolled in Day Care or Pre-scho	ool Yes 🗆 No	If yes, what Day Care o	or Pre-school?
Full Student Name:			
Current Age/Grade:	☐ 3 years old	☐ 4 years old	□ Pre-K
Enrolled in Day Care or Pre-scho	ool 🗆 Yes 🗅 No	If yes, what Day Care o	or Pre-school?
Full Student Name:			
Current Age/Grade:	☐ 3 years old	4 years old	□ Pre-K
Enrolled in Day Care or Pre-scho	ool Yes No	If yes, what Day Care o	or Pre-school?
Parent or Guardian Inform	ation		
Name (Last, First):	ROKHOUSE	1 Vaterió	
Relationship: Mother 🗆 Fa	ather 🗆 Legal Guardian 🗆 Fos	ster Parent 🗆 Other	
Address 401 N. 10	tus Street: 1401	N.IDHIS	Apartment No.:
Phone: 713-836	1063 Street:		CityCNICADO
Email: atone St	ackins State:	IL	Zip Code: VO651
How did you hear about Ch	icago Education Partnership		
Word of Mouth/From De	werly Watson	🗖 Community 1	Event/At
☐ Home Visit/From		Other	
, John's Stock	<u>NOVSC</u> , am interes	ted in sending my child(s	ren), <u>Jaman' Stacthan</u>
o the new Chicago Educat	ion Partnership charter school	l in the Austin Communi	ty in fall 2015.
tations I	Machense.		
innature			

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Student(s) Information					
Full Student Name: Ste	elo.				
Current Age/Grade:	□ 3 years	s old	years old	· .	ØBe-K
Enrolled in Day Care or Pre-school	1 X Yes □	No	If yes, what Day Care or SOLO OOK	Pre-school?	ary School
Full Student Name:	Stepto				
Current Age/Grades	Q3 years	s old	□ 4 years old		₩Pde-K
Enrolled in Day Care or Pre-school	1 11/169 🗆	No	If yes, what Day Care on 1	Pre-school?	School
Full Student Name:		A CONTROL OF THE SHARE		· · · · · · · · · · · · · · · · · · ·	
Current Age/Grade:	☐ 3 years	old	☐ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	l 🗆 Yes 🗖	No	If yes, what Day Çare or Pre-school?		
Parent or Guardian Informa	tion				
Name (Last, First):	ONS. Y	Nelissa			
Relationship: Description			arent 🗅 Other	·	
Address 25 S		Street: Trou S	1	Apartmer	nt No.:
Phone (312) 709-240	7	Street:	City: (		hicaao
Email: Simmons & Simo	nlaw.ne	State: IL		Zip Code	100612
How did you hear about Chi	cago Educat	ion Partnership?			
Word of Mouth/From Be		-	🗖 Community Ev	ent/At	
☐ Home Visit/From			Other		
I, Melissa Simn	nons	, am interested in	n sending my child(rer	a). Antri	niu Steele + Aaliyah Stee 4
to the new Chicago Education	n Partnersh	ip charter school in tl	ne Austin Community	in fall 20	15.
Melisa.	J'm		Manufacture and the state of th		•
Signature			÷		

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Student(s) Information					
Full Student Name: Tyre//	1 ME CIO	9/2			
Current Age/Grade:	□ 3 years old	4 years old		□ Pre-K	
Enrolled in Day Care or Pre-school	C Yes Z-No	If yes, what Day Care or Pro	e-school?		
Full Student Name:					
Current Age/Grade:	☐ 3 years old	4 years old		□ Pre-K	
Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care or Pre	e-school?		
Full Student Name:	The second secon				
Current Age/Grade:	☐ 3 years old	☐ 4 years old		□ Pre-K	
Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care or Pre	:-school?	9979 Orden HAN Older St. Clark St.	
Parent or Guardian Informatio	Dil			THE CONTRACT OF THE CONTRACT O	
Name (Last, First): $\mathcal{M} \stackrel{\mathcal{C}}{=} ($	Lain Jo	PANN			
Relationship: 🗆 Mother 🛭 Fathe	er 🗖 Legal Guardian 🗖 Foster Pai	rent 🕬 ther GV	ano	Imother	
Address 1/345 . Ma	Street:		Apartment	No.:	
Phone: (3/2) 8/3-96	76 Street:		City:	hoo.	
Smail:	State: Zip Code: 60644				
How did you hear about Chica	go Education Partnership?				
Word of Mouth/FromR	wet Kemble	Community Even	t/At		
Home Visit/From Other					
I, $\int O \Omega n \Omega \Omega$	Partnership charter school in th	sending my child(ren),	T 601 201	yrell	
1000 p. s. XX	Tathership charter school in the	ie Austin Community n	1 120 20 1	Ο.	
Signature		THE THE PARTY AND THE PARTY AN			

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Student(s) Information					
Full Student Name: TERRE	Mileson Britains Britains	MGCLAIN	)		yyyy y maetri a y maet
Current Age/Grade:	☐ 3 years	old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	Yes X	No	If yes, what Day Care or I	re-school?	
Full Student Name:		PARAMAMATAN MAKAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAM	никовия под компения до продоступного продуствення под продуствення под продуствення под продуствення под прод	maconic misconic manufant Anticolom Material	
Current Age/Grade:	Q 3 years	old	🛘 4 years old	THE PERSON NAMED IN THE PE	□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □	No	If yes, what Day Care or F	re-school?	Automorphisma (International Automorphisms) (International Automor
Full Student Name:		iki di kanada kanada ana anga anga anga anga anga anga	der von eine der der der der der der der der der de	THE PROPERTY OF THE PROPERTY O	
Сштепt Age/Grade;	☐ 3 years	old	4 years old		☐ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □	No	If yes, what Day Care or Pre-school?		
Parent or Guardian Informatio	>Th				
Name (Last, First): MCCL	AIN	, JOAN	JN	TOTAL PARENTERS AND A	
Relationship: 🗆 Mother 🛭 Fathe			rent MOther -	LAND	MOTHER
Address 4 5 MASC	) Al	Street:	Apartmen		
Phone:		Street:		City: CHICAGO Zip Code: 60644	
Email:		State:		Zip Code: 6064	
How did you hear about Chica	go Educat	ion Partnership?			
Word of Mouth/From	well	Kente	🗆 Community Eve	ent/At	
☐ Home Visit/From			Other		
I, LOANN ACCLA	<u> </u>	, am interested in	sending my child(ren	), II	RRELL
to the new Chicago Education	Partnersh	ip charter school in th	e Austin Community	in fall 201	15.
Joann or	100	.00en			
3ignature					

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Student(s) Information						
Full Student Name: L & A	non B	ver				
Current Age/Grade:	3 years	old	4 years old	,	☐ Pre-K	
Enrolled in Day Care or Pre-schoo	l 🗆 Yes 🗆	No	If yes, what Day Care or I	?re-school?		
Full Student Name: Chan Current Age/Grade:	me S	3-2-a.				
Current Age/Grade:	3 years	s old	4 years old		□ Pre-K	
Enrolled in Day Care or Pre-schoo	l 🔾 Yes 🔾	No	If yes, what Day Care or I	Pre-school?	1	
Full Student Name:						
Current Age/Grade:	☐ 3 years	s old	4 years old		□ Pre-K	
Enrolled in Day Care or Pre-schoo	l 🗆 Yes 🗆	No	If yes, what Day Care or Pre-school?			
Parent or Guardian Informa	tion				And the second s	
Name (Last, First):						
Relationship: Mother 🗆 Fat	her 🚨 Lega	l Guardian 🛭 Foster Pa	arent 🗆 Other			
Address Lesker. Or	ale and	Street: 1648	nateley	Apartment No.:		
Phone: 173 6 3 7 3	491	Street:	₹-	City:	City:	
Email:		State:	Zip Cod		de:	
How did you hear about Chi						
☐ Word of Mouth/From <u>C</u> 6	haring	in Johnson	Community Ev			
Home Visit/From		V	Other	***************************************	<del></del>	
I, <u>Jeskon</u> Be to the new Chicago Education	n Partnersh	, am interested in	n sending my child(res	n), <u>() ue</u>	elan & Channing	
Lesken, B		np stated sellow III ti	io riasan community	, ii ian 20		
Signature				-		

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Student(s) information					
Full Student Name:	ren Par	Rec.			
Current Age/Grade:	☐ 3 years old	☐ years old	□ Pre-K		
Enrolled in Day Care or Pre-scho	ol Yes Divo	If yes, what Day Care o	Pre-school?		
Full Student Name:	the Par	kee			
Current Age/Grade: 3	☐ 3 years old	☐ 4 years old	□ Pre-K		
Enrolled in Day Care or Pre-scho	ol 🖸 Yes 🗓 No	If yes, what Day Care o	· Pre-school?		
Full Student Name:					
Current Age/Grade:	☐ 3 years old	4 years old	□ Pre-K		
Enrolled in Day Care or Pre-scho	ol 🛛 Yes 🗆 No	If yes, what Day Care o	If yes, what Day Care or Pre-school?		
t Parent or Guardian Inform					
Name (Last, First):	Lanel Pa	aklo			
Relationship: Mother 🗖 Fa	ther 🛛 Legal Guardian 🗖 I	Foster Parent 🚨 Other			
Address 40 N Lea	energton Street:		Apartment No.:		
Address 40 N Lle	OO4 Street:		City:		
Email:	State:	ANNINE PROGRAMMENT AND THE OWN CONTRACTOR OF THE OWN OWN OF THE OWN	Zip Code:		
How did you hear about Ch □ Word of Mouth/From			; Svent/At		
☐ Home Visit/From		Other			
to the new Chicago Educati	oke, am inte on Partnership charter sch Parkw	crested in sending my child(r lool in the Austin Communi	en), Keren + Kaitly, ty in fall 2015.		
Signature Shanel	Garros				

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This letter of Intent to Enroll is used to demonstrate interest in having your child(ren) attend the new Chicago Education Partnership charter school planned to open in fall of 2015. Signing this letter of Intent does not obligate your child to attend Chicago Education Partnership charter school nor does it guarantee admission. We will enroll Kindergarten and first grade students only in 2015. We will grow by one grade every year until we are a full K – 8th grade school. Upon approval of our charter school, we will contact you to initiate an application process.

Student(b) Information						
Full Student Name:	ımauri	M.5,	Jones			
Current Age/Grade:	☐ 3 years		4 years old	ħ	□ Pre-K	
Enrolled in Day Care or Pre-school Yes 🗆 No			If yes, what Day Care of Marion Vo	r Pre-school? DUNG	Home Day eare	
Fuli Student Name:			-			
Current Age/Grade:	☐ 3 years	old	☐ 4 years old	·	□ Pre-K	
Enrolled in Day Care or Pre-sc.	hool 🗆 Yes 🗅	No	If yes, what Day Care or	r Pre-school?	I am a firm and a second a second and a second a second and a second a second and a	
Full Student Name:						
Current Age/Grade:	☐ 3 years	old	4 years old		□ Pre-K	
Enrolled in Day Care or Pre-sch	hool Yes 🗆	No .	If yes, what Day Care or	If yes, what Day Care or Pre-school?		
Parent or Guardian Inform	nation					
Name (Last, First):	nes,	Sheen	2			
Relationship: Mother 🗖	Father 🛭 Lega		Parent 🗆 Other			
Address 5097		Street: W. G1	adys	Apartmer	in No.: + B	
Phone: 0 \$12) 399	7-6934	Street: 5097 6	W. Gledys	Gledys City: Chicago		
Email: SheenaJones 610	@Yahooca	State:	ÓIJ	Zin Code: // 🧥 🖔		
How did you hear about C	hicago Educat	ion Partnership?				
Word of Mouth/From \(\bigve{N}\)			Community E	vent/At		
☐ Home Visit/From	The state of the s		Other			
,	ones	, am interested	in sending my child(re	<sub>en),</sub> Ko	mauri Jones	
to the new Chicago Educa	tion Partnersh	ip charter school in	the Austin Communit	y in fall 20	15.	
There	3012	have de la company				
Signature						

We appreciate your comments and suggestions for the new Chicago Education Partnership charter school. Please feel free to drop a note in our comment & suggestion box at 415 N. Laramie or contact us:

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Student(s) Information					
Full Student Name:	mar f	Sonner			
Current Age/Grade:	🔼 3 year		☐ 4 years old		☐ Pre-K
Enrolled in Day Care or Pre-school 💆 Yes 🛚 No			If yes, what Day Care of MGY1012	or Pre-school? ) W Maj	forme Daycare
Full Student Name:	vyn T	Bonner			
Current Age/Grade:	☐ 3 year	s old	4 years old		Ø-Pre-K
Enrolled in Day Care or Pre-sch	ool XYes 🗆	No	If yes, what Day Care of	or Pre-school? Young	Home Daycare
Full Student Name:					
Current Age/Grade:	☐ 3 years	s old	□ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-sch	ool 🗆 Yes 🗅	No	If yes, what Day Care or Pre-school?		
Parent or Guardian Inforn	nation		-		
Name (Last, First):	nner,	Jaguan	A.		***************************************
Relationship: Mother 🛛 F		l Guardian 🗖 Foster	Parent 🖸 Other		
Address 4817		Street:	ortez	Apartmer	nt No.;
Phone: 713) 600	-9837	Street:	*	City:	hicago
Email:		State:	Inois	Zip Code	60659
How did you hear about C	hicago Educa	tion Parțnership?			
Word of Mouth/From M	arion You	ing Home Da	10014 🗆 Community I	Event/At	
Home Visit/From			□ Other		
, Jaguana I	Someh	, am interested	l in sending my child(r	ren).Jar	nar + Steryn
to the new Chicago Educa	tion Partnersh	ip charter school in	the Austin Communi	ty in fall 20	15.
Quantino +	Strag	Anne			
1 / /			THE PARTY OF THE P		
Word of Mouth/From Mc	arión Yoi So <u>men</u>	ung Home Da	Other	ren),Jar	nar + Steryn

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Student(s) Information					
Full Student Name:	Sia	Tribble			
Current Age/Grade:	3 years	s old	☐ 4 years old	ν	□ Pre-K
Enrolled in Day Care or Pre-school	No	If yes, what Day Care or	Pre-school? Ou 119	Home Dayone	
Full Student Name:					
Current Age/Grade:	☐ 3 years	s old	☐ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □	No	If yes, what Day Care or	Pre-school?	
Full Student Name:					
Current Age/Grade:	□ 3 years	old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □	No .	If yes, what Day Care or Pre-school?		
Parent or Guardian Information	)N			· · · · · · · · · · · · · · · · · · ·	Marie Committee
Name (Last, First):	de i	Samar	`V	,	
Relationship: Mother 🗆 Fathe					
Address 1 1 1		Street: W. Oh	10	Apartmen	t No.:
Phone (173) 5/2-02	416	Street:	City:		hicago
Email:	/	State: ILLI	Zip Code		1006044
How did you hear about Chica	go Educai	tion Partnership?	anar-L		
Word of Mouth/From Mar	1011 PE	ourg Home Day	-	vent/At	
☐ Home Visit/From	Tr-		Other		
i, Samara Tri	bble	, am interested in	n sending my child(re	n), <u>Al</u> l	SIA Tribb
to the new Chicago Education	Partnersh	ip charter school in th	ne Austin Community	y in fall 201	15.
Somara Di	140				
Signature					

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Student(s) Information					
Full Student Name: Nev	'aeh	Hill			
Current Age/Grade:	3 years	old	4 years old	4.	□ Pre-K
Enrolled in Day Care or Pre-school	X Yes □ 1	No	If yes, what Day Care o	r Pre-school? ブル ng	Home Daycare
Full Student Name:	·		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
Current Age/Grade:	☐ 3 years	old	4 years old		🖸 Pre-K
Enrolled in Day Care or Pre-school	Yes 🗀 l	No	If yes, what Day Care o	r Pre-school?	
Full Student Name:					
Current Age/Grade:	☐ 3 years	old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	☐ Yes ☐ I	No .	If yes, what Day Care o	r Pre-school?	
Parent or Guardian Informatio	on	ť			
Name (Last, First): May	Field	Tiffar	1	,	
Relationship: Mother D Fathe			rent 🗖 Other		
Address H710		Street: W: Ful	-for	Apartmen	t No.:
Phone: 473/ 932 -		Street:		City:	hicago
Email:		State:	CIS Zip Code:		(00651
How did you hear about Chica Word of Mouth/From <u>May 1</u>		ion Partnership?		Event/At	
☐ Home Visit/From			Other		
I, Tilfani Mayf	geld	, am interested in	n sending my child(r	en), Ve V	Geh HILL
to the new Chicago Education	Partnershi	p charter school in th	ne Austin Communi	ty in fall 20:	15.
Signature /	<i>[</i> * ]				

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Student(s) Information			
Full Student Name: Jam	iese R. Bat	4101	
Current Age/Grade:	☐ 3 years old	¥ 4 years old	□ Pre-K
Enrolled in Day Care or Pre-scho	ool Yes 🗆 No	If yes, what Day Care or I	Pre-school? Home Daycare Marion
Full Student Name:	W4497W74W449W449W4	· · · · · · · · · · · · · · · · · · ·	The state of the s
Current Age/Grade:	□ 3 years old	□ 4 years old	□ Pre-K
Enrolled in Day Care or Pre-scho	ool 🗆 Yes 🗆 No	If yes, what Day Care or I	Pre-school?
Full Student Name:			
Current Age/Grade:	□ 3 years old	□ 4 years old	□ Pre-K
Enrolled in Day Care or Pre-scho	ool Yes No .	If yes, what Day Care or I	Pre-school?
Parent or Guardian Inform	ation		
Name (Last, First):	ing, Khale	1a.	
Relationship: Mother DF	ather 🗆 Legal Guardian 🗅 Fo	oster Parent 🗆 Other	
Address 77/25.1	larshfield Street:		Apartment No.:
Phone 773/93/7 99	Street:		City Chicago
Email: Khalelayoung@ yu	State		City. Chicago Zip Code: 60620
How did you hear about Ch	icago Education Partnership	5}	
Word of Mouth/From <u>Ma</u>	rion Young Home D	04 Caro O Community Ev	ent/At
☐ Home Visit/From		Other You	ing's Home Daycove
1, Kholela	Young, am intere	ested in sending my child(rer	ent/At
to the new Chicago Educate	ion Partnership charter school	of in the Austin Community	in fall 2015.
Signature /		Marian Maria de Maria	·

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Student(s) Information	·	**	•		
Full Student Name:	Uane1	1 1-ta	meton.	. ***	The second secon
Current Age/Grade:	5 <b>3</b> yea	rs old	□ 4 years old	*	□ Pre-K
Enrolled in Day Care or Pre-sci	nooi XYes [	l No	If yes, what Day Care	or Pre-school? OUN o	Home Daycare
Full Student Name:				· · · · · · · · · · · · · · · · · · ·	J
Current Age/Grade:	☐ 3 year	rs old	□ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-sch	nool Yes C	l No	If yes, what Day Care	or Pre-school?	
Full Student Name:					
Current Age/Grade:	□ 3 yea	rs old	□ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-sci	nool 🗆 Yes 🗆	l No	If yes, what Day Care	or Pre-school?	
Parent or Guardian Inform	nation		· · · · · · · · · · · · · · · · · · ·		
Name (Last, First):	oden.	Ya Qua	Via		
Relationship: Mother 🗖 I	Father 🗆 Leg				
Address     OO		Street: Nicholes	Lanes	Apartme	nt No.:
Phone: M08/26/-	1769	Street:		City:	Janasa
Email:		State:	nois Zip Co		" (an153
How did you hear about C	hicago Educa	ation Partnership?			
Word of Mouth/From	arion	Young Home	Onmunity	Event/At	
☐ Home Visit/From			Other		***************************************
I, VaQuevia Co	ocless	, am interested	l in sending my child(	(ren), ()	Lanoll Hampton
to the new Chicago Educa	tion Partners	hip charter school in	the Austin Commun	ity in fall 20	015.
1 Na Va		02/01/			
Signature		<i>*</i>			·
U We appreciate vour comme	ents and sugo	stions for the new (	Chicago Education Pa	etnershin ob	narter school. Please feel free to
drop a note in our commer	it & suggestic	on box at 415 N. Lai	amie or contact us:	a cheromp Ci	iario, school, i lease leel liee [0

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Student(s) Information				
Full Student Name:	urnex Willi	à ms		
Current Age/Grade:	3 years old	□ 4 years old	☐ Pre-K	
Enrolled in Day Care or Pre-	school Yes 🗆 No	If yes, what Day Care or Marion Yo	Pre-school? Come I	DayOAre
Full Student Name:				
Current Age/Grade:	☐ 3 years old	4 years old	□ Pre-K	
Enrolled in Day Care or Pre-	ochool Yes No	If yes, what Day Care or	Pre-school?	
Full Student Name:				
Current Age/Grade:	☐ 3 years old	☐ 4 years old	□ Pre-K	
Enrolled in Day Care or Pre-	school Yes No .	If yes, what Day Care or	Pre-school?	
Parent or Guardian Info	rmation		, , , , , , , , , , , , , , , , , , ,	**************************************
Name (Last, First):	Williams Ju	asmine		<del>*************************************</del>
Relationship: Mother	Father 🗆 Legal Guardian 🗅 Fo			<u> </u>
Address 1836 · 1	Street: Ke	silworth Ave	Apartment No.:	
Phone: 708/513-			City: Beri	ish (
Email:	State: (	۷,	Zip Code: 60 4	J
	Chicago Education Partnership			5,000
Word of Mouth/From	Marion Young Home	OM/CAP - Community E	vent/At	·
☐ Home Visit/From		Other		
i, Jasmine V	ON AMS, am intere	ested in sending my child(re	en), <u>burney</u>	Williams
to the new Chicago Educ	cation Partnership charter scho	ol in the Austin Communit	y in fall 2015.	
Signature Signature	1 Willean			
Signature				
We appreciate your com-	nonto and augmentions for the	om China Banaia Da		1 D) C 1 C
drop a note in our comm	nents and suggestions for the $n$ ent $\&$ suggestion box at 415 $N$	ew Chicago Education Part Laramie or contact us:	mership charter school	ii. Please feel free to

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Student(s) Information				
Full Student Name: Kou	An Rown			
Current Age/Grade:	3 years old	4 years old	□ Pre-K	
Enrolled in Day Care or Pre-school	Yes No	If yes, what Day Care or Pro Mayion You		are.
Full Student Name:			<del></del>	
Current Age/Grade:	☐ 3 years old	☐ 4 years old	□ Pre-K	
Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care or Pre	-school?	
Full Student Name:				
Current Age/Grade:	3 years old	4 years old	□ Pre-K	
Enrolled in Day Care or Pre-school	□ Yes □ No .	If yes, what Day Care or Pre	-school?	
Parent or Guardian Informati	on		***************************************	
Name (Last, First): Youh	g Takava		,	
,	er 🛮 Legal Guardian 🗖 Foster P	arent 🗆 Other		
Address 4-7/6	Street: Pace		Apartment No.:	
Phone: (773/ 627-7-	764 Street:	·	ChicAGO	
Email:	State: Illino	1 %	Zip Code: 60644	
How did you hear about Chica	ago Education Partnership?			
Word of Mouth/From	rion Young Home [	My Community Even	:/At	·····
☐ Home Visit/From		Other	-	····
I, Takara Youn	, am interested i Partnership charter school in t	n sending my child(ren),	Kourtni Ko	Wry
to the new Chicago Education	Partnership charter school in t	he Austin Community in	fall 2015.	1
Defcan you				
Signature	0			

We appreciate your comments and suggestions for the new Chicago Education Partnership charter school. Please feel free to drop a note in our comment & suggestion box at 415 N. Laramie or contact us:

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	Small			
Current Age/Grade:	23 years old	4 years old	□ Pre-K	
Enrolled in Day Care or Pre-	school DYes 🗅 No	If yes, what Day Care	or Pre-school?	
Full Student Name:				
Current Age/Grade:	☐ 3 years old	☐ 4 years old	□ Pre-K	
Enrolled in Day Care or Pre-s	chool 🗆 Yes 🗅 No	If yes, what Day Care	If yes, what Day Care or Pre-school?	
Full Student Name				
Current Age/Grade:	☐ 3 years old	4 years old	☐ Pre-K	
Enrolled in Day Care or Pre-so	chool 🗆 Yes 🔾 No	If yes, what Day Care o	r Pre-school?	
Parent or Guardian Infor	mation			
Name (Last, First):				
Relationship (1951): NC	al Snaunt	9		
	Father Legal Guardian L	Foster Parent 🗆 Other		
Address W	DOIN Suceit		Apartment No.:	
9993-562-991	42 Street:		City:	
Email: Mc91. Chaunt	Gy mail States		Zip Code: 606 24	
F 10.1	hicago Education I rtnershi	ig?		
low did you hear about C				
Y Word of Mouth/From	Aloria Gran	dberry - Community E	vent/At	
Word of Mouth/From	gloria Gran	dberry - Community E	vent/At	
Word of Mouth/From  Home Visit/From  Adult	ploria Gran	dberry - Community E	A.C	
Word of Mouth/From  Home Visit/From  Adult	Mad, am intertion Partnership charter scho	dberry - Community E	A.C	
Word of Mouth/From Home Visit/From  Home Visit/From  Author the new Chicago Educa  Haunt	Aloria Gran  Aloria Gran  Man  Man  Man  Man  Man  Man  Man	dberry - Community E	A.C.;	
Word of Mouth/From	Aloria Gran  Aloria Gran  Am intertion Partnership charter scho	dberry Chicago Education Description	A.C.;	

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### LETTER OF INTENT TO ENROLL

١.	Full Student Name:	, /	NI I			
•		A L	DILLAROL			•
C	Current Age/Grade:	Gas year		4 years old		□ Pre-K
	Enrolled in Day Care or Pre-sel	bool 🗆 Yes 🗆	No	If yes, what Day Care or	Pre-school?	
	Full Student Name:					Manage and the second s
	Current Age/Grade:	🖸 3 year	e old	4 years old		□ Pre-K
	Enrolled in Day Care or Pre-sch	ool Tes 🗆	No	If yes, what Day Care or	Pre-school?	
	Full Student Name		MAA.			
	Current Age/Grade:					
		☐ 3 year		4 years old		□ Pre-K
•	Enrolled in Day Care or Pre-sch		No	If yes, what Day Care or	Pre-school?	
	Parent or Guardian Inform	ation			<del></del>	
	Name (Last, First):					
	Relationship: Mother DF	ather 🗆 Lega	l Guardian 🛭 Foster Pa	arent Other		
	Address		Street:		Apartmen	t No.:
	Phone:		Street		City:	
	Email:		State		Zip Code:	
					1-7-0	
	How did you hear about Ch Word of Mouth/From	icago Educat		٠		
	☐ Home Visit/From	JION ICC	_GVan aban	Community Eve	ent/At	
	Thome visit from	7	8	Other	<del></del>	
	I, POONE A	silled	am interested in	sending my child(ren	1	
	to the new Chicago Educati	on Partnershi	p charter school in th	e Austin Community	in fall 201	5.
/	Bustle	1		•		
	Signature					
	• ,					
	We appreciate your comment drop a note in our comment	ts and sugges & suggestion	tions for the new Chi box at 415 N. Laram	cago Education Partno	ership cha	rter school. Please feel free to
		cedback@gma		ok.com\CEPCharterS	chool	www.chicagoedpartners.org

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### LETTER OF INTENT TO ENROLL

	(E#2 ) >=			<del></del>			
V		90	Turner				
V	Current Age/Grade:	G 3 year		4 years old		□ Pre-K	
	Enrolled in Day Care or Pre-school	☐ Yes ☐	l No	If yes, what Day Care or	Pre-school?		
	Full Student Name:						
	Current Age/Grade:	☐ 3 year	s old	4 years old	<del></del>	□ Pre-K	
	Enrolled in Day Care or Pre-school	☐ Yes ☐	No	If yes, what Day Care or Pre-school?			
	Full Student Name						
	Current Age/Grade:	☐ 3 year	s old	4 years old		☐ Pre-K	
	Enrolled in Day Care or Pre-school	□ Yes □	No	If yes, what Day Care or	Pre-school?		
	Parent or Guardian Information	n		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
	Name (Last, First):						
	Relationship:   Mother Father	r 🗆 Lega	l Guardian 🛭 Foster Pa	rent Other			
	Address		Street:	<del></del>	Aparunen	ıt No.:	
	Phone:		Street:			City:	
ż	Email:		State:			Zip Code:	
	Hamidida - 1 . Oli				<u> </u>		
	How did you hear about Chicas  Word of Mouth/From			<u>°</u> □ Community Eve	ne/∆÷		
	☐ Home Visit/From		~~	Other	:IIDWt		
	, Margaret To	ne5	, am interested in	anding and hit if	),	MANUAL A. V. A. C.	
	to the new Chicago Education I	Partnershi	ip charter school in th	e Austin Community	in fall 201	5.	
/.	Margart Do	en					
	Signature V						
	We appreciate your comments a brop a note in our comment & s	nd sugges uggestion	tions for the new Chi	cago Education Partni ie or contact us:	ership cha	rter school. Please feel free to	
7	773.614.7560 (text) cepfeedl	oack@gm.	ail.com Faceboo	ok.com\CEPCharterS	cho <b>oi</b>	www.chicagoedpartners.org	

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Full Student Name:	> A 1			
	and Mida	no le		
D.C.	12-3 years old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-sch	loal 🗆 Yes 🗆 No	If yes, what Day	Care or Pre-school	>
Fuli Student Name:				7.5 7.00 1.000 1.000
Current Age/Grade:	□ 3 years old	☐ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-sch	ool 🗆 Yes 🗆 No	If yes, what Day	Care or Pre-school	
Full Student Name				
Current Age/Grade:	☐ 3 years old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-sch	ool 🗆 Yes 🗆 No	If yes, what Day	Care or Pre-school?	
Parent or Guardian Inform	ation			
Name (Last, First):				
Relationship:  Mother  F	other DiegolCurding			
	toter O Legal Grardian	☐ Foster Parent ☐ Other		
Address	Speet		Арагипе	nt No.;
Phone:	Street:		City:	
Email:	State:		Zip Code	
How did you hear about Ch	icago Education F riner	shin?		
		ndberry - Commu	nity Ruent/A+	
Home Visit/From				
Kan Lal	11 00		-	
o the new Chicam Educati	am in	terested in sending my ch	ild(ren),	
the new Chicago Educati	on Partnership charter so	chool in the Austin Comn	ounity in fall 201	15.
Demol	-nWete			
ignature				
·				
le appreciate your comment op a note in our comment	ts and suggestions for th & suggestion box at 415	e new Chicago Education N. Laramie or contact us:	Partnership cha	arter school. Please feel free to
	ædback@gmail.com	Facebook.com\CEPCh		www.chicagoedpartners.org

A Tuition-Free Public Charter School

### LETTER OF INTENT TO ENROLL

<b>V</b>	Full Student Name:	, , , .		·		
	Current Age/Grade:	SXI.		alss		
	b ack	□ 3 yes		4 years old		O Pre-K
	Enrolled in Day Care or Pre-school	d □ Yes □	) No	If yes, what Day Care o	r Pre-school?	
	Full Student Name:					
	Current Age/Grade:	□Зуса	rs old	4 years old	·	□ Pre-K
	Enrolled in Day Care or Pre-school	I □ Yes □	N₀	If yes, what Day Care or Pre-school?		
	Full Student Name					
	Current Age/Grade:	□ 3 уса	rs old	□ 4 years old	<u></u>	□ Pre-K
. [	Enrolled in Day Care or Pre-school	☐ Yes ☐	No	If yes, what Day Care or	Pre-school?	
	Parent or Guardian Informat	ion	***************************************			
	Name (Last, First):					
	Relationship: D Mother D Fath	er 🛭 Lega	l Guardian 🛚 Foste	r Parent 🔲 Other		
	Address		Street:		Apartmen	t No.:
	Phone:		Street.	City:		
, [	Emails		States		Zip Code:	
H	low did you hear about Chica	go Educat	ion [ rtnership?	-		
	Word of Mouth/From	oria	Grandbo	CVY Community Ev	ent/At	
_	nome visit/from			Other		
I,	the new Chicago Education	CUCO Partnershi	p charter school in	d in sending my child(rer the Austin Community	ı), in fall 201	Lesis Brooks
/_	Ally S	e ciesto	30 d			
Sig	guature					
W dr	e appreciate your comments a	and sugges suggestion	tions for the new ( box at 415 N. Lar	Chicago Education Parto amie or contact us:	ership cha	rter school. Please feel free to
77	3.614.7560 (text) cepfeed	lback@gma	ail.com Face	book.com\CEPCharterS	chool	www.chicagoedpartners.org

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### LETTER OF INTENT TO ENROLL

Current Age/Grade:	awan K	sidoks	
5 pm-15	☐ 3 years old	4 years old	□ Pre-K
Enrolled in Day Care or Pro	e-school Ves No	If yes, what Day Ca	re or Pre-school?
Full Student Name:			
Current Age/Grade:	☐ 3 years old	1 4 years old	□ Pre-K
Enrolled in Day Care or Pre	=-school  Yes  No	If yes, what Day Car	e or Pre-school?
Full Student Name			
Current Age/Grade:	☐ 3 years old	☐ 4 years old	IDD 1/
Enrolled in Day Care or Pre			□ Pre-K
		If yes, what Day Care	or Pre-school?
Parent or Guardian Info	ormation		
Name (Last, First):	The state of the s		
Relationship:   Mother [	🗅 Father 🔘 Legal Guardian 🕕	Foster Parent Other	
Address	Street:		Apartment No.:
Phone:	Street:		City:
			12-
Email:	State:		Zip Code:
		in?	
How did you hear about	Chicago Education I rtnershi		Zip Code:
How did you hear about	Chicago Education I rtnershi	dberry - Community	Zip Code:
How did you hear about  Word of Mouth/From  Home Visit/From	Chicago Education I rtnershi	dbery Community Other	Zip Code:  Event/At
How did you hear about  Word of Mouth/From  Home Visit/From  to the new Chicago Education  Signature  We appreciate your comm	Chicago Education I rinershi Coloria Gran Seacion, am intercation Partnership charter school	dbery Chicago Education D	Zip Code:  Event/At

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### LETTER OF INTENT TO ENROLL

Full Student Name: Semg	(1) 11001		····	
Current Ape/Gmde	Dillord			•
3 Pre K	3 years old	☐ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	al 🖸 Yes 🖸 No	If yes, what Day	Care or Pre-school	}
Full Student Name:			· · · · · · · · · · · · · · · · · · ·	
Current Age/Grade:	☐ 3 years old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	J ∪ Yes □ No	If yes, what Day	Care or Pre-school?	
Full Student Name				
Current Age/Grade:	2 3 years old	4 years old		☐ Pre-K
Enrolled in Day Care or Pre-school	1 🔾 Yes 🗘 No	If yes, what Day (	Care or Pre-school?	
Parent or Guardian Informat	tion			
Name (Last, First):				
Relationship: 🗆 Mother 🕒 Fatt	ner O Legal Guardian D I	Foster Parent Other		
Address	Street:		Apartme	nt No.:
Phone:	Suect:		City:	
Email:	States		Zip Code	*
			<u> </u>	
How did you hear about Chic	ago Education I rtnershi	1D:		
How did you hear about Chic Word of Mouth/From	loria Gran	dberry 🗆 Commun	ity Event/At	
How did you hear about Chic Word of Mouth/From	loria Gran	dberry 🗆 Commun		
Word of Mouth/From	Ioria Grani	dberry D Commun		
Word of Mouth/From G  Home Visit/From D  Ebone D	loria Grani	dbervy   Commun		
Word of Mouth/From G  Home Visit/From    Ebone Dil  o the new Chicago Education	loria Grand	dbervy   Commun		
Word of Mouth/From G  Home Visit/From  Ebone Dil  o the new Chicago Education  Chone Dill  ignature	loria Grand	dbervy   Commun		
Word of Mouth/From G  Home Visit/From  Ebone Dil  o the new Chicago Education  Chone Dill	loria Grand	dbervy   Commun		
Word of Mouth/From G  Home Visit/From  Ebone Dil  o the new Chicago Education  Chone Dill  ignature	loria Grand  lold, am intended partnership charter school	ested in sending my chicol in the Austin Comm	ld(ren),unity in fall 20	15.

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### LETTER OF INTENT TO ENROLL

	L. Jen Bru	<b>1</b>	
Current Age/Grade:	□ 3 years old	■4 years old	Q.Pre-K
Enrolled in Day Care or Pa	re-school Yes No	If yes, what Day Can	e or Pre-school?
Full Student Name:			
Current Age/Grade:	☐ 3 years old	4 years old	□ Pre-K
Enrolled in Day Care or Pro	e-school O Yes O No	If yes, what Day Care	
Full Student Name:			
Current Age/Grade:	☐ 3 years old	4 years old	□ Pre-K
Enrolled in Day Care or Pre	rschool Q Yes Q No	If yes, what Day Care	
Parent or Guardian Info	ormation		
Name (Last, First):	militar 1899-mmhice College (Marian Marian M		
Relationship: Mother   Address	□ Father □ Legal Guardian □	Foster Parent 🗆 Other	
	Street:		Apartment No.:
Phone:	Street:		City:
Email:	State		Zip Code:
			1
Word of Mouth/From	<i>il</i> Ba	dbcry Community I	102 R

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#### LETTER OF INTENT TO ENROLL

Fuc. ) 31	1				
Full Student Name:	auren 11/0	rtgins			
Current Age/Grade:	☐ 3 years old	☐ 4 years old		□ Pre-K	
Enrolled in Day Care or Pr	e-school 🛛 Yes 🔘 No	If yes, what Day Care of	or Pre-school?		
Full Student Name:					
Current Age/Grade:	3 years old	□ 4 years old		□ Pre-K	
Enrolled in Day Care or Pro	-school Yes No	If yes, what Day Care o	r Pre-school?		
Full Student Name					
Current Age/Grade:	□ 3 years old	□ 4 years old		□ Pre-K	
Enrolled in Day Care or Pro	school OYes ONo	If yes, what Day Care or	Pre-school?		
Parent or Guardian Info	Ormation				
Name (Last, First):	100000000000000000000000000000000000000				
Relationship: Mother 1	Father 🛘 Legal Guardian 🔾	Foster Parent  Other	·		
Address	Street:		Apartment	No.:	
Phone:	Street:		City:		
Email:	State:		Zip Code:		
Word of Mouth/From_	Chicago Education I renersh	dberry - Community Ex	vent/At		
I,	Class	crested in sending my child(restool in the Austin Community			
Signature			11 1an 201.	·.	
We appreciate your commo	nents and suggestions for the rent & suggestion box at 415 N	new Chicago Education Partr V. Laramie or contact us:	ership char	ter school. Please feel free to	
773.614.7560 (text) c	epfœdback@gmail.com	Facebook.com\CEPCharterS	School	www.chicagoedpartners.org	

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### LETTER OF INTENT TO ENROLL

Full Student Name:	iarius Jai	0000	<del></del>	
Current Age/Grade:	12/3 years old	4 years old		Ø Pre-K
Enrolled in Day Care or Pre-sci	noal Tes No	If yes, what Day Care	or Pre-school?	Little Giants
Full Student Name:				Circle Chants
Current Age/Grade:	☐ 3 years old	☐ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-sch	ool DYes DNo	If yes, what Day Care of	or Pre-school?	
Full Student Name				
Current Age/Grade:	☐ 3 years old	4 years old		⊃ Pre-K
Enrolled in Day Care or Pre-sch	ool Yes No	If yes, what Day Care o	r Pre-school?	
Parent or Guardian Inform				
Name (Last, Pirst): James, Dernetria				
Relationship: A Mother D F	ather 🗆 Legal Guardian	☐ Foster Parent ☐ Other		
Address 8854 W	= Almarest Street:		Apartment N	No.: 1 1 2 1
Phone: (73) 828-6	495 Street:		City:	(s+7/
Email: Kyunnu33(a	Yahoo.com State: I	l	Zip Code:	icuso Fl 60624
How did you hear about Ch	icago Education Tatner	ship?		
Word of Mouth/From	aloria Gra	ship!	rent/At	
		Other		
1, Demetria	James, am in	terested in sending my child(re	n),1)e	emarius
	on I at mersuip charter so	terested in sending my child(re chool in the Austin Community	in fall 2015.	
Demetria	Junes			
Signature (/				
We appreciate your commen drop a note in our comment	ts and suggestions for the & suggestion box at 415	e new Chicago Education Partr N. Laramie or contact us:	ership charte	r school. Please feel free to
773.614.7560 (text) cepfe	ædback@gmail.com	Facebook.com\CEPCharter	School v	www.chicagoedpartners.org

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Student(s) Information					
Full Student Name:	a live	o Davis			
Current Age/Grade:	12-3 years	old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	☐ Yes 👣	<b>V</b> 0	If yes, what Day Care or P	re-school?	
Full Student Name:					
Current Age/Grade:	☐ 3 years	old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	☐ Yes ☐ ]	No	If yes, what Day Care or P	re-school?	
Full Student Name:					
Current Age/Grade:	□ 3 years	old	4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	Yes D	No	If yes, what Day Care or P	re-school?	
Parent or Guardian Informatio	n				
Name (Last, First):	nA, (	imita			
Relationship: Mother 🗆 Fathe	r 🛭 Legal	Guardian 🛭 Foster Pa	rent 🗆 Other		
Address 4137 W. MONSCI	v OK	Street		Apartmen	t No.:
Phone: 312-498-1106		Street:		City:	niagao
Email: MUN 530 MOYON	D-(10M	State:		Zip Code	60651
How did you hear about Chica					•
Word of Mouth/From	nito	TOVO	☐ Community Eve	nt/At	
☐ Home Visit/From			□ Other		
I, Michicago Education	Partnershi	, am interested in p charter school in th	n sending my child(ren ne Austin Community	), <u>(</u> ) in fall 201	nalius Davis I
Signature					

We appreciate your comments and suggestions for the new Chicago Education Partnership charter school. Please feel free to drop a note in our comment & suggestion box at 415 N. Laramie or contact us:

773.614.7560 (text)

cepfeedback@gmail.com

Facebook.com\CEPCharterSchool

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J.
J
***************************************
al, Emon

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Student(s) Information		ication process.			
Full Student Name:	aurice M	attheus			
Current Age/Grade:	3 years old	☐ 4 years old	□ Pre-K		
Enrolled in Day Care or Pre-si	chool Pres DNo	If yes, what Day Ca	re or Pre-school? Channings		
Full Student Name:			Childrage Mademy		
Current Age/Grade:	G 3 years old	Q 4 years old	CI Pre-K		
Enrolled in Day Care or Pre-sc	hool GYes GNo	If yes, what Day Car			
Full Student Name:					
Current Age/Grade:	G 3 years old	☐ 4 years old			
Enrolled in Day Care or Pre-sch		If yes, what Day Care	□ Pre-K		
Parent or Guardian Inform		aryon, what Day Care	or rre-school?		
Name (Last, First): MCA					
Relationship: WMother QF	ather 🗆 Legal Guardian 🗆 F	Foster Parent D Other	AND STATE OF THE PROPERTY OF T		
Address = 71	Street: C	The second secon	Apartment No.:		
Phone: ) 957-478	Street:	JOCE	City: Ob CA		
Email:	State:	The state of the s	CIQO		
Town did you have above Ch	201.COM	AND THE STATE OF T	Zip Code: UWWW		
Word of Mouth/From	icago Education Partnership		7. 4.		
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areta Mich	16to , am intere	. 11			
rne new Unicago Education	on Partnership charter school	ol in the Austin Communi	ty in fall 2015.		
Carta 11 L	nustan				
e anneaicte mere	ond over 'C 1	~-	mership charter school. Please feel free to		

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This letter of Intent to Enroll is used to demonstrate interest in having your child(ren) attend the new Chicago Education Partnership charter school planned to open in fall of 2015. Signing this letter of Intent does not obligate your child to attend Chicago Education Partnership charter school nor does it guarantee admission. We will enroll Kindergarten and first grade students only in 2015. We will grow by one grade every year until we are a full K – 8th grade school. Upon approval of our charter school, we will contact you to initiate an application process.

Student(s) Information					
Full Student Name: Wikel	i,a a	rdrowi			
Current Age/Grade:	□ 3 years	old	☐ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	¢D∕Yes □	No	If yes, what Day Care or	Pre-school?	erschool + Plato
Full Student Name:	Too 1	11.1			
Current Age/Grade: Preschool	☐ 3 years	old			☐ Pre-K
Enrolled in Day Care or Pre-school	Yes 🗆	No	If yes, what Day Care or		
Full Student Name:					
Current Age/Grade:	□ 3 years	old	☐ 4 years old		□ Pre-K
Enrolled in Day Care or Pre-school	□ Yes □	No	If yes, what Day Care or	Pre-school?	TO THE
Parent or Guardian Informatio	on.				
Name (Last, First):		onita			
Relationship: Mother 🛛 Fathe	r 🖒 Legal	l Guardian 🗖 Foster Pa	rent 🗖 Other		
Address 19 N		Street: Wellもて	Duc	Apartmen	it No.:
Phone: 773 - 354	3	Street:		City:	Nicago
Email:		State: Illi	nois	Zip Code	lealett
How did you hear about Chica  Word of Mouth/From		ion Partnership?		/ent/At	
☐ Home Visit/From	<u>ن</u>		Other		
1, Tomika Bo	- b w	, am interested in	n sending my child(re	n), <u>mik</u>	al * Christian
to the new Chicago Education	Partnersh	ip charter school in th	ne Austin Community	in fall 201	15.
713)					
Signature					

We appreciate your comments and suggestions for the new Chicago Education Partnership charter school. Please feel free to drop a note in our comment & suggestion box at 415 N. Laramie or contact us:

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#### LETTER OF INTENT TO ENROLL

	Student(s) Information			
V	Full Student Name: Sanc	ra Alannah	Y, HILL	
	Guirent Age/Grade:	🛘 3 years old	₩ 4 years old	□ Pre-K
	Enrolled in Day Care or Pre-school	Yes U No	If yes, what Day Care or Preschool?	Day care center
	Full Student Name:			
	Current Age/Grade:	☐ 3 years old	☐ 4 years old	□ Pre-K
	Enrolled in Day Care or Pre-school	Yes No	If yes, what Day Care or Pre-school?	
	Full Student Name:			
	Current Age/Grade:	3 years old	4 years old	□ Prc-K
	Enrolled in Day Care or Pre-school	□ Yes □ No	If yes, what Day Care or Pre-school?	
J	Parent or Guardian Informatio	n		
	Name (Last, First):	Fett, Vict	ona	
	Address Address	r 🔾 Legal Guardian 🖸 Foster Pa	rent 🖸 Other	
	IKOMN.	Street Parks	SICE AVE Apartment	.2nd floor
	Phote 3(2) 533-46	<del></del>	City:	hicago
	Cottlege girling Co		Zip Code:	adlo39
) (	How did you bear about Chicag	go Education Partnership?	☐ Community Event/At	•
	J Home Visit/From	a succession	Other	
_ 	to the new Chicago Education 1	FC++ am interested in Partnership charter school in th	sending my child(ren), Sav e Austin Community in fall 201	raa A. Hill
<u> </u>	Victoria Mof	hett		
	*	·		
\ d	We appreciate your comments a frop a note in our comment & s	nd suggestions for the new Chi suggestion box at 415 N. Laram	cago Education Partnership cha ie or contact us:	rter school. Please feel free to
7	73.614.7560 (text) cepfeedt	oack@gmail.com Faceboo	ok.com\CEPCharterSchool	www.chicagoedpartners.org

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#### LETTER OF INTENT TO ENROLL

	Student(s) Information	· ·			
V	Full Student Name: Taba	ri Scott			
	Current Age/Grade:	Q 3 years old	4 years old		□ Pre-K
	Enrolled in Day Care or Pre-school	Yes U No	If yes, what Day Care or Pre-	School?	inning S
:	Full Student Name:				
	Current Age/Grade:	3 years old	4 years old		□ Pre-K
	Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care or Pre-	school?	
i	Full Student Name:	**************************************			
	Current Age/Grade:	☐ 3 years old	4 years old		☐ Pre-K
-	Enrolled in Day Care or Pre-school	□ Yes □ No	If yes, what Day Care or Pre-s	school	
	Parent or Guardian Informatio	n		*************	
4	Name (Last, First): Scot	t Matte			
	Relationship: Mother D Father	Legal Guardian 🛭 Foster Pa	rent 🛘 Other		
	Address 41 N May Fr	e Lave Street	A	partment	No.:
	Phone 773 9340:	340 Streets	Cı	ity: (	ricago
	inticebc3@yal	ia con State / L	Zı	p Code:	60644
ŀ	How did you bear about Chicag	go Education Partnership?			
Ç	☐ Word of Mouth/From	other William	Community Event/	At	
ŧ	HomeWisit/From		Other	-	
	Watte Jos		sending my child(rcn), _	Tal.	pari Joot
   	o che nicy Chicago Education I	Partnership charter school in th	e Austin Community in f	all 2011	5.
	ignature (Inc.)	all			
-V	We appreciate your comments a trop a note in our comment & s	nd suggestions for the new Chi suggestion box at 415 N. Laram	cago Education Partnersh	ip char	ter school. Please feel free to
7	73.614.7560 (text) cepfeedl	back@gmail.com Faceboo	ok.com\CEPCharterScho	ol	www.chicagoedpartners.org

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#### LETTER OF INTENT TO ENROLL

	Student(s) Information			
`	Full Student Name:	allowing		**
	Current Age/Grade:	3 years old	☐ 4 years old	□ Pre-K
	Enrolled in Day Care or Pre-school	Yes O No	If yes, what Day Care or Pre-school	}
	Full Student Name:			
	Current Age/Grade:	C 3 years old	4 years old	□ Pre-K
	Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care or Pre-school?	
	Full Student Name:			
	Current Age/Grade:	☐ 3 years old	□ 4 years old	□ Pre-K
	Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care or Pre-school?	
	Parent or Guardian Informatio	on		
V	Name (Last, First):	nos hacitori		
		r 🖸 Legal Guardian 🗅 Foster P	arent Other	
	Address Kn2US USther	Streets / th and	Apartmo	at No.: 1 E.
	Phone (772) 944-191	Street:	City:	1000
	Email: hiero449@x	Wall of State T	Zip Code	AUTO -
	How did you bear about Chicas			<u> </u>
	Word of Mouth/From Do	rothy wella	☐ Community Event/At	
	1 Home Visit/From		Other_	
/	i, Larena Hawk	105 am interested in	n sending my child(ren), W	um Haurins
,	to the new Chicago Education	Partnership charter school in the	he Austin Community in fall 20	15.
/,	Larena Houle	ZWO		
	Signature			
	We appreciate your comments a	and suggestions for the new Ch	icago Education Partnership ch	arter school. Please feel free to
٠	drop a note in our comment &	suggestion box at 415 N. Laran	nie or contact us:	
	773.614.7560 (text) cepfeed	back@gmail.com Facebo	ook.com\CEPCharterSchool	www.chicagoedpartners.org

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#### LETTER OF INTENT TO ENROLL

	Student(s) Information					
V	Full Stradent Name:	etzy Marin				
	Current Age/Grade:	5 3 years old	☐ 4 years old		□ Pre-K	
	Enrolled in Day Care or Pre-school	U Yes KNo	If yes, what Day Care or Pre-s	chool?	<u> </u>	<del></del>
	Full Student Name:					
	Current Age/Grade:	□ 3 years old	4 years old		□ Pre-K	
	Enrolled in Day Care or Pre-school	□ Yes □ No	If yes, what Day Care or Pre-so	chool?		<u> </u>
	Full Student Name:				·	
	Current Age/Grade:	☐ 3 years old	4 years old		□ Pre-K	
	Enrolled in Day Care or Pre-school	□Yes □No	If yes, what Day Care or Pre-so	hock		<del></del>
J	Parent or Guardian Informatio	n				
/	Name (Last, First); Downoes.	Giodalye				
Relationship: Mother						
	Address 3817 W. 79th p	)Street:	Apa	artmeni	r No.:	
	312-256-7283	Street:	Cit	y: Ch	1 (CO GO)	
ļ	Email:	State T	Zip	Code	0652	
	How did you hear about Chicag Word of Mouth/From Do	To Education Partnership?		-		
	U Home Visit/From	is any a una	Community Event/A	.t		<u> </u>
_	Gudalye I	Orough, am interested in	sending my child(ren)			
/	to the new Chicago Education I	Partnership charter school in th	e Austin Community in fa	11 201.	5.	
(	We appreciate your comments a drop a note in our comment & s  773.614.7560 (text) — cepfeed!	inggestion box at 415 N. Laran	ue or contact us:			
4	(APTOTALLIDOR (rext) — cebtecqt	back@gmail.com Facebo	ok.com\CEPCharterSchoo	ol.	www.chicagoedp:	artners.or

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Student(s) Information						
Full Student Name: KAUR	e A Coffe	6		5944 \$1		
Current Age/Grade:	2 3 years old	4 years old	□ Pre-K			
Enrolled in Day Care or Pre-school	Yes O No	If year what Day Care	PENTAN INAK			
Full Student Name			J J			
Current Age/Grade:	☐ 3 years old	□ 4 years old	□ Pre-K	**************************************		
Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care	or Pre-school?	W		
Full Student Name:						
Current Age/Grade:						
Enrolled in Day Care or Pre-school	□ Yes □ No	If yes, what Day Care	If yes, what Day Care or Pre-school?			
Parent or Guardian Informati	on .					
Name (Last, First)	Carrina					
Relationship: Mother D Fath	er 🗘 Legal Guardian 🗘 Fos	ster Parent 🗆 Other		***************************************		
Address	Street:		Apartment No.:			
Phone:	Street		City:			
Email:	States		Zip Code:			
How did you hear about Chica	ago Education Partnership?	?				
☐ Word of Mouth/From	rothy Well	Community I	Event/At			
Home Visit/From		Other				
I, Carria Co	HUL, am interes	ted in sending my child(r	en). KOU W	Offic		
to the new Chicago Education	Partnership charter school	l in the Austin Communi	ry in fall 2015.			
Signature	V			· .		
We appreciate your comments drop a note in our comment &	and suggestions for the new suggestion box at 415 N. I	w Chicago Education Par Laramie or contact us:	tnership charter school, P.	lease feel free to		

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cepfeedback@gmail.com

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#### LETTER OF INTENT TO ENROLL

This letter of Intent to Enroll is used to demonstrate interest in having your child(ren) attend the new Chicago Education Partnership charter school planned to open in fall of 2015. Signing this letter of Intent does not obligate your child to attend Chicago Education Partnership charter school nor does it guarantee admission. We will enroll Kindergarten and first grade students only in 2015. We will grow by one grade every year until we are a full K - 8th grade school. Upon approval of our charter school, we will contact you to initiate an application process.

Student(s) Information		/ <sup>178</sup>				
Full Student Name:	metrius	Powe 11				
Current Age/Grade:	X 3 years old	4 years old	□ Pre-K			
Enrolled in Day Care or Pre-sch	nool XI Yes O No	If yes, what Day Care of	Preschool ON Paul Care			
Full Student Name:						
Current Age/Grade:	☐ 3 years old	4 years old	□ Pre-K			
Enrolled in Day Care or Pre-sch	nool OYes ONo	If yes, what Day Care or Pre-school?				
Full Student Name:						
Current Age/Grade:	☐ 3 years old	4 years old	□ Pre-K			
Enrolled in Day Care or Pre-sch	nol 🗆 Yes 🖸 No	If yes, what Day Care or	Pre-school?			
Parent or Guardian Inform	lation					
Name (Last, First):	11. Domotx	7(0)				
Relationship: Mother DF	ather D Legal Guardian D I	Foster Parent Other				
Address n. layan	ano Streets		Apartment No.:			
Phy 73 -885 · 06	95 Street:		City hicago			
Email:	State: 0/		Zip Code: //05/			
How did you hear about Cl	nicago Education Partnershi	in?				
☐ Word of Mouth/From	orothy Will	Lans Community Ev	rent/At			
O Home Visit/From		Other				
1/Oemotria Po	WIM am inter	rested in sending my child(res	n, Demotrius Pouch			
to the new Chicago Éducar	ion Partnership charter scho	ool in the Austin Community	in fall 2015.			
Signature	V					
We appreciate your commer	nts and suggestions for the r	new Chicago Education Partn	ership charter school. Please feel free to			

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#### LETTER OF INTENT TO ENROLL

	Student(s) Information	•		•					
V	Full Student Name: 3100	T. Collier							
	Current Age/Grade: 4VIS OV	🖼 4 years old	V	Pre-K					
	Enrolled in Day Care or Pre-school SYes No		If yes, what Day Care or	Pre-school?					
	Full Student Name:								
	Current Age/Grade:	☐ 3 years old	4 years old		☐ Pre-K				
	Enrolled in Day Care or Pre-school	□ Yes □ No	If yes, what Day Care or I	re-school?					
	Fill Student Name:								
	Current Age/Grade:	☐ 3 years old	4 years old		□ Pre-K				
٠.	Enrolled in Day Care or Pre-school	□ Yes □ No	If yes, what Day Care or I	re-school?	<u> </u>				
	Parent or Guardian Informatio	n							
		ine Stewart							
Relationship: Mother									
		r-Hhur Streets			t No.:   C				
	Phone 3-501-838				hlake				
	Email:	State			60051				
]	How did you hear about Chicag	go Education Partnership?							
	☐ Word of Mouth/From	iony wella	Community Eve	nt/At					
/]	Jasmine S	HWarfam interested in	sending my child(ren	310	on milier				
1	to the new Chicago Education	Partnership charter school in th	c Austin Community	n fall 201	5.				
/	GWMUM S	lewort							
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•	We appreciate your comments a frop a note in our comment 8c s	nd suggestions for the new Chi suggestion box at 415 N. Laram	icago Education Partne tie or contact us:	rship cha	rter school, Please feel free to				
7	773.614.7560 (text) cepfeedback@gmail.com Facebook.com\CEPCharterSchool www.chicagoedpartners.org								

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#### LETTER OF INTENT TO ENROLL

	Student(s) Information						
V	Full Student Name: OULF	vey BR	ANDI	7			
	Current Age/Grade:	☐ 3 years old		4 years old		9 Pre-K	
	Enrolled in Day Care or Pre-school TYes D No			If yes, what Day Care or Pre-school?  N.R.W. DES IN INS			
	Full Student Name:	· · · · · · · · · · · · · · · · · · ·					
	Current Age/Grade: 3 years old  Enrolled in Day Care or Pre-school 2 Yes 2 No			4 years old		☐ Pre-K	
				If yes, what Day Care or Pre-school?			
	Full Student Name:	**************************************	F				-
	Current Age/Grade:	☐ 3 years old		4 years old		□ Prc-K	
	Enrolled in Day Care or Pre-school	□ Yes □ No	····	If yes, what Day Care	r Pre-school?	<u></u>	
	Parent or Guardian Informatio	n					
/	Name (Last, First): BRANDT		A		· · · · · · · · · · · · · · · · · · ·		
Relationship: Mother  Father  Legal Guardian  Foster Parent  Other							
	Address 343 N. Lang Street			Apartmen		ent No.:	
	Phone: 0	Street		City:		en en de	
	Email:	State			Zip Code	le:	
]	How did you hear about Chicag	o Education Partnersh	hip?				<del></del>
(	☐ Word of Mouth/From	other We	lla	Community E	Event/At		
	Home Visit/From			Other	****		
- }	, MIRANDA BRAK	加, am inte	erested in	sending my child(r	en), Coup	HURY BR	HUDI
ا سوسر	to the new Chicago Education	Partnership charter sch	ool in th	e Austin Communi	ty in fall 201	15.	
X.	Minder Burg	U					
2	Signature	i i			٠	,	
1	We appreciate your comments a drop a note in our comment & s	nd suggestions for the suggestion box at 415 l	new Chi N. Laram	cago Education Par de or contact us:	tnership cha	uter school, Pleast	e feel free to
7	773.614.7560 (text) cepfeed	oack@gmail.com	Faceboo	ok.com\CEPCharte	rSchool	www.chicagoed	partners.org

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Student(s) Information				
Full Student Name:	ar Strek	l I		
Current Age/Grade:	CI 3 years old	∫ □ 4 years old	Pre-K	12 1de
Enrolled in Day Care or Pre-school	Yes No	If yes, what Day Care	or Pre-school?	7-4-14-
Full Student Name:	OB ALAND			
Current Age/Grade:	3 years old	4 years old	De Ble-K	
Enrolled in Day Care or Pre-school	□ Yes □ No	If yes, what Day Care t	1	<del>*************************************</del>
Full Student Name:	7			
Current Age/Grade:	☐ 3 years old	4 years old	☐ Pre-K	**************************************
Ecrolled in Day Care or Pre-school	⊇Yes □ No	If yes, what Day Care o	r Pre-schook	
Parent or Guardian Informatio	n ·			
Name (Last, First):				
Relationship: Mother 🛛 Father	🖸 Legal Guardian 🗆 Foste	er Parent 🖾 Other		
Address 4808	Street: N \	ala al C	Apartment No.:	1/2000
Phone 773 815-580	Street:	<del>444 44</del>	City: Chief	4/00000
Email:	State		Zip Code: OO(	02/4
How did you hear about Chicag	o Education Partnership?			· · · · · · · · · · · · · · · · · · ·
□ Word of Mouth/From Do	othy well	Community E	went/At	
☐ Hdme Visit/From		Other		-0A
1. Somar Steo	Ry, am intereste	d in sending my child(re	m), Danor	Sterk
to the new Chicago Education I	'artnership charter school is	n the Austin Communit	y in <b>%</b> 11 2015.	
Javenda )	the the			
Signature		•	* .	
Signature  We appreciate your comments androp a note in our comment &c s	nd suggestions for the new	Chicago Education Part	nership charter schoo	I

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Student(s) Information			
Full Student Name:	me Stud	Key	
Current Age/Grade:	☐ 3 years old	☐ 4 years old	Pre-K
Enrolled in Day Care or Pre-school	Yes ANO	If yes, what Day Care or Pre	-school? D'alex
Full Student Name: SR 101	ne Stuck	· 0 -	
Current Age/Grade:	☐ 3 years old	4 years old	Pre-K
Enrolled in Day Care or Pre-school	□ Yes □ No	If yes, what Day Care or Pre-	-school?
Full Student Name:			
Current Age/Grade:	☐ 3 years old	□ 4 years old	☐ Prc-K
Enrolled in Day Care or Pre-school	□ Yes □ No	If yes, what Day Care or Pre-	-schoolf
Parent or Guardian Informati	On		
Name (Last, First):			
Relationship: Mother 🖸 Fathe	er 🗆 Legal Guardian 🖸	Foster Parent 🖾 Other	1
Address 4828	Street W	Gladys 1	Apartment No.:
Phone 77 3 8/5-5	UOS Street		ity: ( CACT)
Email:	State:	Z	Sip Code: (20)(0/K)
How did you bear about Chica	go Education Partnersh	ip?	
☐ Word of Mouth/From	rothy We	Community Event	/At
1 Home Visit/From	<u> </u>	Other	- i
Javeru Pit	S am inte	rested in sending my child(ren),	Deromestin
Tary D.	Fartnership charter sch	ool in the Austin Community in	fall 2015.
gnature			
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#### LETTER OF INTENT TO ENROLL

Sumert(s) Informatio	) <u>u</u>			
Full Student Name:	Muea Annie	Lopez		#* #*
Current Age/Grade:	3 years old	4 years old		□ Pre-K
Enrolled in Day Care or F	re-school Ves O No	If yes, what Day Co	re or Pre-school?	Lovett
Full Student Name:				
Current Age/Grade:	☐ 3 years old	4 ytars old		□ Pre-K
Enrolled in Day Care or P	re-school Yes No	If yes, what Day Ca	re or Pre-school?	
Full Student Name:				
Current Age/Grade:	3 years old	4 years old		□ Pre-K
Enrolled in Day Care or P.	re-school 🗆 Yes 🗀 No	If yes, what Day Car	e or Pre-school?	
Parent or Guardian In	formation	·	***************************************	F-44
Name (Last, First):	ann Latasha			
Relationship: (4 Mother	☐ Father ☐ Legal Guardian ☐ F	oster Parent 🖾 Other	· · · · · · · · · · · · · · · · · · ·	
Address 840	N Street: Lea	ımnekin	Apartmen	ino. 2nd floor
Phone 773) 23	7-6351 Street		City:	Chinasa
Email:	State:		Zip Code:	\$ 60651
How did you hear abor	ıt Chicago Education Partnershi	p?-		200031
☐ Word of Mouth/From	Dorothy Wil	Wans Community	v Event/At	
☐ Home Visit/From		□ Other		
I, Latasha to the new Chicago Ed	Spann, am intereducation Partnership charter scho	ested in sending my child ol in the Austin Commu	l(ren), <u>La</u> nity in fall 201	Myea Lopez
Kataha S	ponn	-		
We appreciate your cordrop a note in our com	nments and suggestions for the n ment & suggestion box at 415 N.	ew Chicago Education P Laramie or contact us:	artnership cha	rter school. Please feel free to
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Student(s) Information						
Full Student Name:	Johnson	1				
Current Age/Grade:	© 3 year	rs old	4 years old		□ Pre-K	
Enrolled in Day Care or Pre-sch	1001 <b>Z</b> Yes 🗆	No	If yes, what Day Care	or Pre-schooli		
Full Student Name:						
Kierra Jo	anson	·				
Current Age/Grade:	□ 3 year		4 years old		□ Pre-K	
Enrolled in Day Care or Pre-sch	ool 🗆 Yes 🗹	No	If yes, what Day Care	or Pre-school?		The state of the s
Full Student Name:						
Current Age/Grade:	☐ 3 year	s old	4 years old	<del></del>	□ Pre-K	
Enrolled in Day Care or Pre-sch	ool 🗆 Yes 🗖	No	If yes, what Day Care	or Pr <del>e-</del> school?		
Parent or Guardian Inform	ation					
Name (Last, First): John Son		cey				
Relationship: MMother OF	ather 🗆 Lega	l Guardian 🛚 Foster	Parent 🗓 Other			
Address	- Brand -	Streets	· · ·	Apartmer	nt No.:	
Phone (773) 526 -	6472	Street: Caramie		City	10000	American Company
Email: Typh naph 34	Lehotma			Zip Code	0651	
How did you hear about Cl	icsen Educat	ion Parmershin?				
☐ Word of Mouth/From	orothe	1- 12 11/1	And Drawn	O / A .		
Home Visit/From			Other	Eventy-ki		<del></del>
I, Trucy John to the new Chicago Education Tracey go	SON ion Partnersh	, am interested ip charter school in	l in sending my child()	ren), <u>Kay</u> l ry in fall 201	lah / Kie 15.	erra Johnso
Signature /		د باران		,		

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Full Student Name: Dest	inee Sto	Kes		
Current Age/Grade:	4 3 years old	4 years old	□ Pre-K	
Enrolled in Day Care or Pre-scho	ol WYes 🗆 No	If yes, what Day	Care or Pre-school? NEW Deginnin	a da
Full Student Name:				一们
Current Age/Grade:	☐ 3 years old	4 years old	□ Pre-K	
Enrolled in Day Care or Pre-school	ol 🗆 Yes 🗆 No	If yes, what Day (	Care or Pre-school?	
Full Student Name:				
Current Age/Grade:	□ 3 years old	4 years old	□ Pre-K	-
Enrolled in Day Care or Pre-school	ol 🗆 Yes 🗅 No	If yes, what Day (	Care or Pre-school?	
Parent or Guardian Informa	tion	The second secon		
Name (Last, First): Hayes		2	**************************************	
Relationship: 4 Mother G Fat	her 🚨 Legal Guardian 📮	Foster Parent 🗆 Other		
Address 422	A) Street:	ine-	Apartment No.:	
Phone 773)845-9	296 Street		City: (h90	
Email:	States		Zip Code: (2010 44	
How did you hear about Chi	cago Education Partnersh	nip?		
Word of Mouth/From D	orothy We	Mans Commun	ity Event/At	***************************************
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, Jasmine for the new Chicago Education	fayes, am inte n Partnership charter sch	rested in sending my chi	ild(ren), <u>Ne5+inee S</u> punity in fall 2015.	okes
Gasmu	/		,	
lignature /	1			
Ve appreciate your comment rop a note in our comment ê	s and suggestions for the & suggestion box at 415 N	new Chicago Education N. Laramie or contact us:	Partnership charter school. Please feel i	free to

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#### LETTER OF INTENT TO ENROLL

	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
į	Full Student Name: A \	ilah Wast			- 344 - 57 -		
	Current Age/Grade: H. G	O 3 years old	304 years old	□ Pre-K			
	Enrolled in Day Care or Pre-school Y Yes U No		If yes, what Day Care or Pre-school? New Beginni				
	Full Student Name:				J. J		
	Current Age/Grade:	☐ 3 years old	4 years old	□ Pre-K			
	Enrolled in Day Care or Pre-school	☐ Yes ☐ No	If yes, what Day Care or Pre-school?				
	Full Student Name:						
	Current Age/Grade;	☐ 3 years old	4 years old	□ Pre-K	-		
	Enrolled in Day Care or Pre-school	□ Yes □ No	If yes, what Day Care or	Pre-school?			
	Parent or Guardian Information	on 6					
V	Name (Last, First):	- Mildred		***************************************			
	Relationship: Mother @ Fathe	er 🖸 Legal Guardian 📮 Foster	Parent 🗆 Other				
	Address 1359	Street: N. 1	awadale	Apartment No.: Ha			
٠	Phone 312-590-2	136 Street		City: Chienac			
	Email: Mildred West	@QWail States	L	Zip Code: (0 (10)S			
	How did you hear about Chica	go Education Partnership?					
	Word of Mouth/From Do	rothy Well	Community Eve	ent/At	The second secon		
	Home Visit/From		Other				
	I, MICCECT to the new Chicago Education	A am interested	in sending my child(ren	), <u> </u>	WEST		
	Mildred	West	and I to daily	III IAU 2015.			
	Signature		And the state of t				
	We appreciate your comments: drop a note in our comment &	and suggestions for the new C suggestion box at 415 N. Lara	hicago Education Partn	ership charter school. Pleas	se feel free to		
	773.614.7560 (text) cepfeed	back@gmail.com Facel	oook.com\CEPCharterS	chool www.chicagoe	dpartners.org		

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	Student(s) Information				
<b>√</b>	Full Student Name: DRQL	ian Leu)	S Rac	man	
	Current Age/Grade:	M 3 years old	4 years old	□ Pre-K	
	Enrolled in Day Care or Pre-school	Yes UNo	If yes, what Day Care or I	Pre-school?	
	Full Student Name: DOUG	n Freeman	***************************************		
	Current Age/Grade:	₹3 years old	□ 4 years old	□ Pre-K	
	Enrolled in Day Care or Pre-school	I Yes □ No	If yes, what Day Care or I	re-school?	
	Full Student Name:	Х			
	Current Age/Grade:	□ 3 years old	4 years old	□ Pre-K	
	Enrolled in Day Care of Pre-school C	Yes 🛘 No	If yes, what Day Care or F	re-school?	
i	Parent or Guardian Information				
4	Name (Last, First)	sely Stroke	1		
	Relationship: Mother	☐ Legal Guardian ☐ Foster Par	ent 🗆 Other		
	Address 5121 NOHN	Street:		Apartment No.: 7 1 000	
	Phone 312-771 957	Street:		Cio/hicko	
	Email:	States		Zip Code: OOO O	
]	How did you hear about Chicago	Education Partnership?			
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· (	Home Visit/From		Other		
<u> ۲</u>		CKEL am interested in	sending my child(ren	Deguan Kleen	raun
: :<	o the new Chicago Education P	artnership charter school in the	e Austin Community i	ni fall 2015.	n (
	Signature Signature	CM2	C. V.		
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Current Age/Grade:	ge Colem	4 years old	□ Pre-K	
Enrolled in Day Care or Pre-s	chool Yes UNo	If yes, what Day Care or P	Beggining Dal	1 0
Full Student Name:			30 3	) _
Current Age/Grade:	3 years old	4 years old	D.P.C.K	
Enrolled in Day Care or Pro-s	chool Yes ONo	If yes, what Day Care or P.	e-school?	
Full Student Name:	eorae Cole	eman		
Current Age/Grade:	☐ 3 years old	G 4 years old	□ Prc-K	
Enrolled in Day Care or Pre-s	chool 🗆 Yes 🗅 No	If yes, what Day Care or Pr	e-school?	
arent or Guardian Infor	mation			
Varne (Last, First):	1_	0 0		•
La	tonya	Carr		
Cattonship: Calviother Ca	Father 🗆 Legal Guardian 🗆 ]	Foster Parent		
Address 557·n	·Ckero Screets 01	hicago	Apartment No.:	
		7 1	City: 01	
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Phone 1735	11-1016		Chicago	
Phone 173.5 Email:	11-1016		Zip Code: iL	
ow did you bear about (	State: Chicago Education Partnersh	Minois	Zip Code: iL	. 1.
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ow did you hear about ( Word of Mouth/From 'Home Visit/From	Chicago Education Partnersh Dorothy Wu	ip? Llân Community Even	Zip Code: iL	1 0
ow did you hear about ( Word of Mouth/From 'Home Visit/From	Chicago Education Partnersh Dorothy Wu  Againnter	ip?  Lian Community Even Other  rested in sending my child(ren)	Zip Code: iL  t/At  Greatae Colem	la.
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ow did you hear about ( Word of Mouth/From 'Home Visit/From	Chicago Education Partnersh Dorothy Wu  Againnter	ip?  Lian Community Even Other  rested in sending my child(ren)	Zip Code: iL  t/At  Greatae Colem	la.

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#### LETTER OF INTENT TO ENROLL

	Student(s) Information		· ·				
V	Full Student Name: DOCLE	a McAllis	ter		# 27		
	Current Age/Grade: 4	🚨 3 years old	2 4 years old		□ Pre-K		
	Enrolled in Day Care or Pre-school	TYes U No	If yes, what Day Care	or Pre-school?	bepreist.		
	Full Student Name:	·					
	Current Age/Grade:	☐ 3 years old	4 years old		□ Pre-K		
	Enrolled in Day Care or Pre-school	If yes, what Day Care	If yes, what Day Care or Pre-school?				
	Full Student Name:		,				
•	Current Age/Grade:	□ 3 years old	4 years old	· · · · · · · · · · · · · · · · · · ·	□ Prc-K		
	Enrolled in Day Care or Pre-school	□ Yes □ No	If yes, what Day Care	<u> </u>			
ļ	Parent or Guardian Informatio	n					
·/	Name (Last, First): Tatia		ster				
Relationship: WMother DFather DLegal Guardian DFoster Parent DOther							
	Address 317 8 Cer		Apartu City:		rt No.:		
	Phone 173) 889 -	Street:			(90		
	rwan:	State:		Zip Code: JUUL 44			
1	How did you bear about Chicag Word of Mouth/From Do	o Education Partnership	Community F	Event/At			
	Home Visit/From	``	Other				
/ 3	Tationa MCH/	STEC, am interes	ted in sending my child(re	en), <u>Sa</u> /	ia McAllister		
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A Tuition-Free Public Charter School

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773.614.7560 (text)

cepfeedback@gmail.com

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#### LETTER OF INTENT TO ENROLL

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## Education ·

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## Education

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# Education

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#### A Tuition-Free Public Charter School

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## $Chicago Education Partnership \cite{Mattheward}$

Tier 2 Submission

Appendix B Resource Guide

### Resource Guide

#### By The Hand Club

#### Alternative Residential Services

• <u>Jubilee Leadership Academy</u>: A highly structured, Christian residential program for boys 13-18 years old in eastern Washington. Designed to meet the needs of students who are struggling with difficult life circumstances.

http://www.jlacademy.org/admissions.html
(509) 749-2103

Intake Specialist: Myriam Campos (509) 749-2103 ext. 237

• <u>LSSI Nachusa Lutheran Home</u>: Childcare institution that holds several programs on its campus including adoption/foster care services and substances abuse treatment.

http://www.lssi.org/Service/NachusaLutheranHome.aspx
(815) 284-7796

- LSSI Transitional Living Program: Supportive and supervised housing for adolescents between the ages of 18 and 21 who have complex emotional, mental and behavioral issues.
  - http://www.lssi.org/Service/TransitionalLivingServicesForYoungAdults.aspx (815) 969-8836
- <u>Maryville Casa Cariño</u>: Residential facility for girls from 12 to 19 that provides intensive mental health treatment for severe traumas.

http://www.maryvilleacademy.org/subpages.asp?id=419&pare
ntid=2

(630) 736-7450

• Maryville St. Martin de Porres Program: Helps boys, ages 14-17, learn to manage behavior through education, therapy, and vocational training. <a href="http://www.maryvilleacademy.org/subpages.asp?id=322&pare">http://www.maryvilleacademy.org/subpages.asp?id=322&pare</a> <a href="mailto:ntid=2">ntid=2</a> (847) 390-3050

Maryville St. Vincent de Paul: Residential facility for boys from 12 to 19 that provides intensive mental health treatment for severe traumas.
 http://www.maryvilleacademy.org/subpages.asp?id=44&paren tid=2
 (847) 768-5396

• <u>Safe Families for Children</u>: Temporary home and family to live with while problems in child's own home get worked out.

http://www.lydiahome.org/10086/ministry/ministry\_id/5106
5/Safe-Families-for-Children
Request form: http://www.safe-families.org/request.aspx
Elizabeth Skaggs - eskaggs@safe-families.org
(217) 361-4670

• <u>Teen Challenge</u>: Faith-based 12-month residential services for all ages struggling with life-controlling addiction.

http://www.teenchallengeil.com/
Email: info@teenchalengeil.com
(217) 423-9118

### Child Care/Pregnancy

• <u>Caris</u>: A Christian organization that provides support and resources for women experiencing unplanned pregnancies.

3812 W. Ogden Avenue 1501 Chicago, IL 60623 (872) 588-3300

111 N. Wabash Ave, Suite
Chicago, IL 60602
(312) 229-5700

• Child Care Assistance Program (CCAP): Provides low-income, working families with access to quality, affordable childcare.

http://www.dhs.state.il.us/page.aspx?item=30355
4653 N. Broadway St., Suite 1200
Chicago, IL 60640
(312) 823-1100

• <u>Head Start</u>: Promotes school readiness of children from birth to age five, for low-income families by enhancing their cognitive, social, and emotional development. Provides part-day or full-day school services, family childcare homes, and home visits to provide services to child and family.

http://eclkc.ohs.acf.hhs.gov/hslc/hs/about
(866) 763-6481
Find a

location: http://eclkc.ohs.acf.hhs.gov/hslc/HeadStartOff
ices#map-home

• New Moms, Inc.: Equips struggling, impoverished adolescent parents (ages 13-24) and their children by providing individualized case management, supportive housing, career-readiness, parenting, life skills and literacy training, and age-appropriate children's programming with routine screenings for signs of abuse and neglect.

http://newmomsinc.org/
2845 W. McLean Ave.
Chicago, IL 60647
(773) 252-3253

• LYDIA Home: a faith-based alternative to state-run foster care and family assistance agencies by offering the following services: safe families, foster care,

residential treatment, family first project, preschool, LYDIA Urban Academy, and counseling services.

<a href="http://www.lydiahome.org/">http://www.lydiahome.org/</a>
4300 West Irving Park Road
Chicago, IL 60641
(773) 653-2200

#### Documentation Assistance

- Birth Certificate
  - o Requesting a birth
     certificate: http://www.cookcountyclerk.com/vitalre
     cords/birthcertificates/Pages/default.aspx
- Drivers' License/State Identification:
  - o Information on license/state ID
     card: http://www.cyberdriveillinois.com/departments
     /drivers/drivers\_license/drlicid.html#dlapp
  - o Drivers under age of
    21: http://www.cyberdriveillinois.com/departments/d
    rivers/teen\_driver\_safety/gdl.html
  - o To obtain, visit a
     location: http://www.ilsos.gov/facilityfinder/facil
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- Passport
  - o Applying for a
    minor: http://travel.state.gov/passport/get/minors/
    minors\_834.html
  - o Applying for an adult: http://travel.state.gov/passport/get/first/f irst\_830.html
  - o Renewing a
     passport: http://travel.state.gov/passport/renew/re
     new\_833.html
- Social Security

- o How to get a new or replacement
   card: http://socialsecurity.gov/ssnumber/
- o Replace a social security card for child: http://ssacusthelp.ssa.gov/app/answers/detai l/a\_id/291
- o Local office: 77 West Jackson Blvd, Suite 300 Chicago, IL 60604 1-800-772-1213

#### Donations

- Home to Stay Program Furniture Donations: Donations of sofas, dressers, dinette sets, and beds. <a href="http://www.cityofchicago.org/city/en/depts/fss/supp\_info/home\_to\_stay\_furnituredonationprograminformation.html">http://www.cityofchicago.org/city/en/depts/fss/supp\_info/home\_to\_stay\_furnituredonationprograminformation.html</a>
- <u>Moody Church Hope Network</u>: General hardship donations through a safety net of practical and emotional support to those on the front lines of caring for vulnerable children.

- Salvation Army: Donation Centers
  - o Nearby

locations: http://satruck.org/search/results?from=s
tores\_national\_index&q=60607

#### Education

• <u>St. Angela School</u>: A Catholic school in the Austin neighborhood that serves students from preschool through 8<sup>th</sup> grade.

http://www.saintangela.org/index.asp

- <u>St. Joseph Services</u>: Has youth programs for children and educative services for adults. http://stjosephservices.org/node/1
- Students in Temporary Living Situations: Chicago Public Schools ensures that students in temporary living situations have equal access to the same free and appropriate educational opportunities as students who are permanently housed.

  http://cps.edu/Programs/Pathways\_to\_success/Pages/StudentsInTemporaryLivingSituations.aspx
  (773) 553-2242
- West Town Academy: An alternative high school for students between the ages of 17 and 21 who are not enrolled in a traditional high school or GED program and with to earn a high school diploma.
   http://westtownacademy.org/
  Transcript Department 534 N. Sacramento Blvd. Chicago, IL 60612
- Year Up Chicago: A one-year training program that provides low-income young adults, ages 18-24, with hands-on skill development, college credits, and corporate internships. http://www.yearup.org/

Admissions: <a href="http://www.yearup.org/students\_alumni/main.p">http://www.yearup.org/students\_alumni/main.p</a>
<a href="http://www.yearup.org/students\_alumni/main.p">http://www.yearup.org/students\_alumni/main.p</a>
<a href="http://www.section=national">hp?page=admissions&sub\_section=national</a>
<a href="http://www.section=national">Admissions Coordinator: Lornett Vestal</a>

223 W Jackson Blvd suite 400

Chicago, IL 60601 (312) 726-5300x4568

(312) 563-9044

### Employment

• The Cara Program: A program that helps disadvantaged and unemployed individuals address personal challenges and transform their lives through life skills classes, job readiness training, permanent job placement, post employment support, and added benefits.

Admissions: <a href="http://www.thecaraprogram.org/referral-admissions">http://www.thecaraprogram.org/referral-admissions</a>

237 S. Desplaines admissions@thecaraprogram.org Chicago, Illinois 60661 (312) 798-3309

• <u>LifeNett Works</u>: Empowers people by providing services and training for leadership development, business plans, business strategy-solutions, and professional development.

http://www.lifenettworks.com/index.html 7600 W Roosevelt Road Forest Park, IL 60130-2273 (888) 684-6707

• The New Options Project: Connecting out-of-school job seekers, ages 16-24, with meaningful career opportunities.

http://newoptionsproject.org/

- o <u>Human Achievement Toolkit</u>: A set of performance evaluations, feedback systems, training tools, and workshops aimed at developing 21<sup>st</sup> century skills. lbeller@cps.edu
- One Summer Chicago: Connects young people to summer jobs, internships, and training programs being offered

throughout the city. Young adults have the opportunity to learn jobs skills, develop their resumes and explore career interests.

http://onesummerchicago.org/

• <u>SER</u>: Provides programs and services to youth and adults that promotes economic self-sufficiency and upward mobility for low-income community residents through education and employment.

Youth

Programs: <a href="http://www.centralstatesser.org/SER/index.php?">http://www.centralstatesser.org/SER/index.php?</a>
<a href="mailto:option=com\_content&view=category&layout=blog&id=42&Itemid=55">option=com\_content&view=category&layout=blog&id=42&Itemid=55</a>

3948 W. 26<sup>th</sup> Street, Suite 213 (773) 542-9030 Chicago, Illinois 60623

• Westside Health Authority - Community Re-Entry and Employment Services: Free services to veterans, handicapped, homeless, formerly incarcerated and unemployed residents that offers a family-like environment that provides assistance with supportive service, training and employment needs. <a href="http://www.healthauthority.org/re-entry.php">http://www.healthauthority.org/re-entry.php</a> (773) 786-0226 5816 W. Division Street Chicago, IL 60651

Workforce.io: an online training, mentoring, and hiring platform for the entry-level workforce
 http://www.workforce.io/
 steveb@livingclassrooms.org

### Financial Support

• <u>DFSS' Community Centers</u>: Clients can get information about rental, utility and other financial assistance programs.

Locations: <a href="http://www.cityofchicago.org/city/en/depts/fss/provdrs/serv/svcs/community\_servicecenterlocations.htm">http://www.cityofchicago.org/city/en/depts/fss/provdrs/serv/svcs/community\_servicecenterlocations.htm</a>

- Federal Trade Commission for the Consumer: Tips and guides to protect against fraud and identity theft, save money, and deal with debt.

  http://www.consumer.ftc.gov/
- Money Management International: A variety of services which include financial education, budget and debt counseling, debt management, foreclosure prevention, reverse mortgage counseling, bankruptcy counseling and education, and financial workshops.
   <a href="http://www.moneymanagement.org/Credit-Counseling.aspx">http://www.moneymanagement.org/Credit-Counseling.aspx</a>

   To E. Lake St. Ste. 1102
   Chicago IL, 60601

#### Food

• <u>Direct 2 Food</u>: Connects you to the people, places, and programs you need to access high quality, nutritious food.

http://www.direct2food.org/

- <u>Food Pantries</u>: Feeds people at risk of hunger. <u>Locations</u>: <u>http://www.cookcountysheriff.org/SocialServic</u> <u>e/socialService\_EmergencyFoodPantries.html</u>
- <u>Soup Kitchens</u>: Feeds people at risk of hunger. <u>Locations</u>: <u>http://www.cookcountysheriff.org/SocialServic</u> <u>e/socialService\_EmergencyFoodSoupKitchens.html</u>
- <u>Supplemental Nutrition Assistance Program</u>: Helps lowincome people and families buy the food they need for good health.

http://www.dhs.state.il.us/page.aspx?item=30357
408 N. Laramie Ave.

Chicago, IL 60644-1999 (773) 854-6300

• <u>WIC</u>: Women, Infants, and Children program helps pregnant women, new mothers, and young children access essential foods.

http://www.dhs.state.il.us/page.aspx?item=30513
4349 W. Washington Blvd
Chicago, IL 60624
(773) 826-9620

#### Funeral Home

Corbin Colonial Funeral Chapel: Accepts Medicaid Insurance
 5345 West Madison St.
 Chicago, IL 60644
 (773) 626-1092
 Email: Corbin-colonial@att.net

• Forest Home Cemetery: Assists with burial arrangements including head stone engraving and monuments.

http://foresthomecemetary.net//
863 Des Plaines Avenue
Forest Park, IL 60130-2013
(708) 366-1900

#### Health

• <u>All Kids Card</u>: Offers children comprehensive healthcare that includes doctors visits, hospital stays, prescription drugs, vision care, dental care and medical devices like eyeglasses and asthma inhalers.

http://www.allkids.com/hfs8269.html
All Kids Hotline: (866) 255-5437

Application: <a href="https://secure.myhfs.illinois.gov/allkidsap">https://secure.myhfs.illinois.gov/allkidsap</a> plicant/index.jsp?lang=en

County Care: A new Medicaid program through the
 Affordable Care Act for uninsured adults (ages 19-64) in
 Cook County.
 Info and Apply: <a href="http://www.cookcountyhhs.org/patient-services/county-care/">http://www.cookcountyhhs.org/patient-services/county-care/</a>
 (312) 864-8200

<u>DentaQuest</u>: Can tell you what services are covered and can help you find a dentist.
 <a href="http://www.dentaquest.com/">http://www.dentaquest.com/</a>
 (888) 286-2447

• FamilyCare: offers healthcare coverage to parents living with their children 18 years old or younger.

Application: <a href="https://secure.myhfs.illinois.gov/allkidsapplicant/index.jsp?lang=en">https://secure.myhfs.illinois.gov/allkidsapplicant/index.jsp?lang=en</a>

 <u>Heartland Alliance</u>: Provides and advocates for accessible, affordable health care services including primary care, mental health and substance use treatment, and dental health. Locations and contact info: <a href="http://www.heartlandhealthcenters.org/services-and-locations/">http://www.heartlandhealthcenters.org/services-and-locations/</a>

• Illinois Department of Human Services: Apply for medical benefits online at <a href="https://wb.dhs.illinois.gov/wbpublic/register/wb/wbHomePre.do">https://wb.dhs.illinois.gov/wbpublic/register/wb/wbHomePre.do</a>

 Medical Card: A card that entitles you to a range of Health Services free of charge. Anyone over the age of 16 years and is ordinarily resident in the state can apply, and you may qualify based on means, undue hardship, or automatic entitlement. \*\*Dependents ages 16-25 years get their own card when they apply if their parents are eligible. If you are not dependent on your parents, your own means and income is considered for assessment.

https://www.sspcrs.ie/portal/medapp/

#### Housing Resources

• Chicago Housing Options Survey Tool: Helps case managers and consumers identify appropriate housing resources available in Chicago.

http://www.chicagohousingoptions.org/

• Community Action Agencies: provides housing-related social services, such as utility assistance, homelessness prevention and housing counseling.

http://iacaanet.org/housing.php

Chicago Department of Human Services

(312) 746-8545

Community & Economic Development Association of Cook County, Inc

(312) 795-8844

• <u>Direct 2 Housing</u>: A tool that helps you to search for housing on your own and provides contact information, information about application processes and eligibility criteria.

http://direct2housing.org/

- Families Building Community: Supportive services for families in their transition from shelter to housing. http://www.heartlandalliance.org/whatwedo/our-programs/directory/families-building-community.html (773) 728-6929
- Good News Partners: A faith-based organization seeking to end homelessness through safe and affordable housing

through their different buildings: New Life Interim Housing, The Jonquil Hotel, Rental Apartments, and Cooperative buildings.

http://www.goodnewspartners.org/content/gnp-portfolio
1600 W. Jonquil Terrace
Chicago, IL 60627
(773) 764-4998

• <u>Heartland Housing</u>: This organization has over 600 unites of affordable and supportive housing for impoverished people in Chicago.

http://www.heartlandalliance.org/whoweare/ourprograms/housing/

• <u>Homeless Services</u>: In need of emergency shelter in Chicago call 311.

South/Southwest Suburbs: (708) 754-4357 West Suburbs: (708) 338-1724 - Oak Park (708) 354-0858 - LaGrange

Northwest: (847) 963-9163

• <u>La Casa Student Housing</u>: Housing and a wide range of student support services for college students to promote academic success.

Application: <a href="http://lacasastudenthousing.org/application">http://lacasastudenthousing.org/application</a>
-process/

1815 S. Paulina Street Chicago, IL 60608 (312) 880-1889

• Lawson House YMCA: Safe, affordable housing for people in transition.

Info and Link to

app: http://www.ymcachicago.org/pages/lawson-house-ymca

30 W. Chicago Ave Chicago, IL 60654 (312) 932-1166

• The Resurrection Project: Renovates properties into affordable homes for rent and sale.

http://resurrectionproject.org/find-your-home/homesfor-rent/ 1818 S. Paulina Street Chicago, IL 60608 (312)666-1323

#### Legal Aid

• Cabrini Green Legal Aid: Provides legal aid and social services to individuals in the city of Chicago with a household income less than 150% of the federal poverty guidelines and have a legal problem in family law, housing law, criminal records, or criminal defense.

http://www.cgla.net/services-guidelines
740 N. Milwaukee Ave
Chicago, IL 60642
(312) 738-2452

• Center for Law and Social Work: Helps to resolve legal custody issues, including adoption, guardianship and backup planning in Cook County.

http://www.clsw.org/about/
4753 N. Broadway, Suite 632
Chicago, IL 60640
(773) 728-7800

• Chicago Coalition for the Homeless - Law Project: Legal aid by three attorneys who service mostly homeless students or youth.

http://www.chicagohomeless.org/programs-campaigns/legalaid/law-project/ (800) 940-1119 • Chicago Lawyers' Committee for Civil Rights Under Law:
Provides free legal services to people with civil rights
problems, including students facing expulsion, fair
housing, hate crimes, etc., and nonprofit organizations
that need help with transactional issues.
Services: <a href="http://clccrul.org/getservices">http://clccrul.org/getservices</a>
100 N. LaSalle St., Suite 600
Chicago, IL 60602-2403
(312) 630-9744

<u>Chicago Legal Clinic</u>: Provides legal services to the underserved and disadvantaged in the Chicago area.
 <a href="http://www.clclaw.org/clients.html">http://www.clclaw.org/clients.html</a>
 (773) 731-1762

First Defense Legal Aid: Provides a free, reliable, and experienced lawyer to individuals who are arrested in the city of Chicago 24 hours/day.
 http://www.first-defense.org/
 (800) 529-7374

Guardianship Assistance Desk for Minors: Assistance for people who are representing themselves in seeking guardianship of a minor.
 69 West Washington, Room 1020
 Chicago, IL 60602
 (312) 603-0135

• Lawndale Christian Legal Center: Provides holistic legal services for youth, age 24 and younger, from North Lawndale accused of a crime in juvenile or adult criminal court.

http://www.lclc.net
(773) 762-6381

• List of Free/Low Cost Legal Services in Cook

County: http://www.cookcountycourt.org/FORPEOPLEWITHOUTL

AWYERS/FreeLowCostLegalServices.aspx

#### Mental Health

Cornerstone Christian Counseling Center: A faith-based, mental health agency in North Chicago that provides individual, couples, family, and group therapy, and also psychological assessments and evaluations.
 http://www.chicagocounseling.org/index.php
 1111 N. Wells St., Suite 400
 Chicago, IL 60610
 (312) 573-8860

#### Lutheran Social Services of Illinois

- Children Outpatient Services: Counseling, psychiatric evaluation and medication monitoring, case management/support services, and project HOPE.
   http://www.lssi.org/Service/OutpatientServicesForChildre nPortageCraginMentalHealthCenter.aspx
   Mental Health Intake: (773) 282-7800 ext. 220
- Crisis Services for Children (SASS): Provides crisis intervention and follow-up services to children and adolescents experiencing a psychiatric crisis who have no insurance or are funded by Medicaid.

  http://www.lssi.org/Service/CrisisServicesForChildrenScreningAssessmentAndSupportServicesSASS.aspx
  Crisis Hotline: (800) 345-9049
  Mental Health Intake: (773) 282-7800 ext. 220
- Crisis Services for Adults (Project IMPACT): 24-hour service in Swedish Covenant Hospital's Emergency Room in

Chicago that helps stabilize crisis situations and ensure individual's safety and refers them to more care. <a href="http://www.lssi.org/Service/CrisisServicesForAdultsProjectIMPACT.aspx">http://www.lssi.org/Service/CrisisServicesForAdultsProjectIMPACT.aspx</a>
(773) 989-1609

- Group Homes for Adults: Group homes for adults with a significant level of mental illness that has reduced their ability to live on their own.

  http://www.lssi.org/Service/GroupHomesForAdults.aspx (773) 282-7800
- Linkage Intensive Case Management for Adults: Provides intensive case management and stabilization services in Chicago for adults with severe mental illness.

  http://www.lssi.org/Service/ServicesForAdultsLinkageIntensiveCaseManagement.aspx
  (773) 282-7800 ext. 220
- Outpatient Services for Adults: Counseling, psychiatric evaluation and medication monitoring, group programs, and community support-team.

  http://www.lssi.org/Service/OutpatientServicesForAdultsPortageCraginMentalHealthCenter.aspx
  Mental Health Intake: (773) 745-9870 ext. 26

### Utility Assistance

• CEDA - Home Energy Assistance Programs: Designed to assist income-eligible households with energy services.

http://www.cedaorg.net/www2/EnergyAssistance.html

208 South LaSalle Street, Suite 1900 (LIHEAP Suite 2010)
Chicago, Illinois 60604-1001 (800) 571-2332

• <u>DFSS' Community Centers</u>: Clients can get information about rental, utility and other financial assistance programs.

Locations: <a href="http://www.cityofchicago.org/city/en/depts/fs">http://www.cityofchicago.org/city/en/depts/fs</a>
<a href="mailto:sprowdrs/serv/svcs/community\_servicecenterlocations.htm">http://www.cityofchicago.org/city/en/depts/fs</a>
<a href="mailto:sprowdrs/serv/svcs/community\_servicecenterlocations.htm">http://www.cityofchicago.org/city/en/depts/fs</a>
<a href="mailto:sprowdrs/serv/svcs/community\_servicecenterlocations.htm">http://www.cityofchicago.org/city/en/depts/fs</a>
<a href="mailto:sprowdrs/serv/svcs/community\_servicecenterlocations.htm">http://www.cityofchicago.org/city/en/depts/fs</a>
<a href="mailto:sprowdrs/serv/svcs/community\_servicecenterlocations.htm">http://www.cityofchicago.org/city/en/depts/fs</a>
<a href="mailto:sprowdrs/serv/svcs/community\_servicecenterlocations.htm">http://www.cityofchicago.org/city/en/depts/servicecenterlocations.htm</a>
<a href="mailto:sprowdrs/servicecenterlocations.htm">http://www.cityofchicago.org/city/en/depts/servicecenterlocations.htm</a>
<a href="mailto:sprowdrs/servicecenterlocations.htm">http://www.servicecenterlocations.htm</a>
<a href="mailto:sprowdrs/servicecenterlocations.htm">htt

## $Chicago Education Partnership {}^{\text{\tiny M}}$

Tier 2 Submission

Appendix C 501(c)3 Filing



DLA Piper LLP (US)
203 North LaSalle Street, Suite 1900
Chicago, Illinois 60601-1293
T 312.368.4000
F 312.236.7516
W www.dlapiper.com

WILLIAM A. RUDNICK william.rudnick@dlapiper.com T 312.368-7078 F 312.630-5328

December 2, 2013

#### VIA FEDERAL EXPRESS

Internal Revenue Service 201 West Rivercenter Blvd. Attn: Extracting Stop 312 Covington, Kentucky 41011

Re: <u>Chicago Education Partnership (EIN 46-4015368)--Form 1023, Application</u> for Recognition of Exemption under Section 501(c)(3)

Dear Sir or Madam:

Enclosed is the executed Form 1023, Application for Recognition of Exemption under Section 501(c)(3) of the Internal Revenue Code, for Chicago Education Partnership (dated December 2, 2013), together with a \$850 check for the user fee and an executed Form 2848, Power of Attorney, as well as the checklist from Form 1023.

A binder with an additional set of the documents included in this filing and copy of the check are also enclosed. Would you also please stamp the pages of this additional set indicated by the temporary yellow note tabs to show on those pages the date of your receipt of this filing and return the entire additional set to the undersigned via Federal Express, billed to our account, in the enclosed return Federal Express envelope.

Please do not hesitate to contact the undersigned, an attorney-in-fact for the captioned applicant, in the event that you need any additional information. Thank you.

Respectfully submitted,

DLA PIPER LLP (US)

William A. Rudnick

Enclosures

cc: Chicago Education Partnership

Circular 230 Notice: In compliance with U.S. Treasury Regulations, please be advised that any tax advice given herein (or in any attachment) was not intended or written to be used, and cannot be used, for the purpose of (i) avoiding tax penalties or (ii) promoting, marketing or recommending to another person any transaction or matter addressed herein.

## **2848**

(Rev. March 2012) Department of the Treasury Internal Revenue Service

# Power of Attorney and Declaration of Representative

➤ Type or print. ➤ See the separate instructions.

	OMB No. 1545-0150
į	For IRS Use Only
	Received by:
	Name
	Telephone
	Function
	Date / /

Part I	Power	of	Attorne	į
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Caution: A separate Form 2848 should be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

	for any purpose other than representation	on before the IRS.	<u> </u>				Date	1	/
1	Taxpayer information. Taxpayer must sign and d								
	yer name and address go Education Partnership		Taxpayer identification number(s) 46-4015368						
	chael Rogers			Daytime telephon	e number	Plan	number (if	applicat	ole)
415 N	Laramie Ave, Chicago IL 60644			(630) 200	-6747				
hereby	appoints the following representative(s) as attorn								
2	Representative(s) must sign and date this form	on page 2, Part II.			400	0.704000			
	and address			CAF No.	4UI	JU-764U8N 240073			
	M. Schoenberg LaSalle St., Suite 1900			PTIN	FUI	312) 368-	 4018		
	go, IL 60601			Telephone No.	(31)	2) 630-736	8		
Chack	if to be sent notices and communications	Ø	Check	f new: Address	Teleph	one No.	] F	ax No. [	]
	and address			CAF No.		None			
	im Bak			PTIN		N/A			
	LaSalle St., Suite 1900			Telephone No.		(312) 368-	3448		
Cnica	go, IL 60601	_	]	Fax No. if new: Address 🗌	312	) 251-570 <sup>-</sup>	 <del> </del>	:. r	_
Check	if to be sent notices and communications	<u> </u>	Check	if new: Address 🔲	Teleph	one No. L	<u> </u>	ax No. [	
	and address			CAF No.		None N/A			
	n A. Rudnick LaSalle St., Suite 1900		]	PTIN		(312) 368-	7078		
	go, IL 60601			Fax No.	(31:	2) 630-532	8		
			Check	if new: Address	Teleph	one No.	j F	ax No. [	
Pr	Matters  ption of Matter (Income, Employment, Payroll, Excise, Estate actitioner Discipline, PLR, FOIA, Civil Penalty, etc.) (see instriction from income tax	e, Gift, Whistleblower, auctions for line 3)	(1040, 941, 720, etc.) (if applicable)			Year(s) or Period(s) (if applicable) (see instructions for line 3)  2013 and thereafter			
4	Specific use not recorded on Centralized Au check this box. See the instructions for Line 4. S	pecific Uses Not	Recorded	on CAF	<u> </u>	<u> </u>			_ ▶ ∟
5	Acts authorized. Unless otherwise provided information and to perform any and all acts that sign any agreements, consents, or other doc amounts paid to the client in connection with the unless the appropriate box(es) below are checked or return information to a third party, substitute a	below, the repres I can perform with cuments. The representation and the representation	entatives n respect t resentative (including tive(s) is (a ative or add	generally are auth to the tax matters of e(s), however, is (a refunds by either of the not authorized to	orized to redescribed or re) not auti- electronic modescribed execute a execute a entatives, or	eceive and line 3, for norized to eans or pa request fo	d inspect rexample, receive o aper check or disclosu	confider the auth r negoti ks). Addi re of tax	ntial tax nority to late any litionally,
	Car awashed							<del></del> .	
	✓ Other acts authorized: See attached.				(s	ee instruct	tions for m	ore info	rmation)
	Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situation An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan agent may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. A registered to return preparer may only represent taxpayers to the extent provided in section 10.3(f) of Circular 230. See the line 5 instructions for restriction tax matters partners. In most cases, the student practitioner's (level k) authority is limited (for example, they may only practice under the supervision of another practitioner).						uations. (Circular ered tax trictions		
	List any specific deletions to the acts otherwise								
							·		

Cat. No. 11980J

'ew interactive version of Form 1023 is available at <u>StayExempt.</u>; cludes prerequisite questions, auto-calculated fields, help butto ass to relevant information.

## Form 1023

(Rev. June 2006) Department of the Treasury Internal Revenue Service

## Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code

(00)

OMB No. 1545-0056

Note: If exempt status is approved, this application will be open for public inspection.

Use the instructions to complete this application and for a definition of all **bold** items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at **www.irs.gov** for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

Pa	Identification of Applicant							
1	Full name of organization (exactly as it appears in your organizing	2 c/o Name (if applicable)						
Chi	cago Education Partnership	Michael Rogers						
3	Mailing address (Number and street) (see instructions)	e 4 Employer Identific	ation N	umber (	BN)			
415	N. Laramie Avenue		46 <b>-</b> 40	5368				
	City or town, state or country, and ZIP + 4		5 Month the annual	accoun	ting pe	riod end	ds (01 -	12)
Chi	cago, IL 60644		06					
6	Primary contact (officer, director, trustee, or authorized repre-	sentative)						
	a Name: William A. Rudnick		<b>b</b> Phone:	(31	2) 36	8-707	8	
•			c Fax: (optional)		(312	630-	6056	
7	Are you represented by an authorized representative, such as provide the authorized representative's name, and the name a representative's firm. Include a completed Form 2848, <i>Power of Representative</i> , with your application if you would like us to complete the such as	nd address of of Attorney and	the authorized d Declaration of			Yes		No
8	Was a person who is not one of your officers, directors, truste representative listed in line 7, paid, or promised payment, to he structure or activities of your organization, or about your fir provide the person's name, the name and address of the person promised to be paid, and describe that person's role.	elp plan, mana nancial or tax	age, or advise you a matters? If "Yes,"	about		Yes		No
9a	Organization's website: www.chicagoedpartners.org							
b	Organization's email: (optional)							
10	Certain organizations are not required to file an information ret are granted tax-exemption, are you claiming to be excused fro "Yes," explain. See the instructions for a description of organiz Form 990-EZ.	m filing Form	990 or Form 990-E	Z? If		Yes	Z	No
11	Date incorporated if a corporation, or formed, if other than a co	orporation. (	MM/DD/YYYY)	08 /	19	/	2013	
12	Were you formed under the laws of a foreign country? If "Yes," state the country.			· · · · ·		Yes	Ø	No
For F	aperwork Reduction Act Notice, see page 24 of the instructions.	Cat	. No. 17133K		Form	1023	(Rev. 6-	2006)



DLA Piper LLP (US)
203 North LaSalle Street, Suite 1900
Chicago, Illinois 60601-1293
T 312.368.4000
F 312.236.7516
W www.dlapiper.com

WILLIAM A. RUDNICK william.rudnick@dlapiper.com T 312.368-7078 F 312.630-5328

December 2, 2013

#### **VIA FEDERAL EXPRESS**

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DLĄ PIPER LLĮ

William A. Rudnick

Enclosures

cc: Chicago Education Partnership

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## Chicago Education Partnership EIN 46-4015368

## Form 1023, Application for Recognition of Exemption under Section 501(c)(3) of the Internal Revenue Code

December 2, 2013

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Form 2848, Power of Attorney	2
Form 1023 and Schedule B	3
Certificate of Incorporation	4
Filed Amendment to Articles of Incorporation	5
Bylaws	6
Exhibits to Form 1023:	7
Conflict of Interest policy of Applicant	A
Architectural plan of Applicant's facilities	В

## Form 1023 Checklist

## (Revised June 2006)

Application for Recognition of Exemption under Section 501(c)(3) of the Internal Revenue Code

**Note.** Retain a copy of the completed Form 1023 in your permanent records. Refer to the General Instructions regarding Public Inspection of approved applications.

regard	ging Public Inspection of approved applications.						
Chec	k each box to finish your application (Form 1023). Send this completed Checklist with your filled-in						
appli	cation. If you have not answered all the items below, your application may be returned to you as						
incon	nplete.						
$\checkmark$	Assemble the application and materials in this order:						
	• Form 1023 Checklist						
	Form 2848, Power of Attorney and Declaration of Representative (if filing)						
	• Form 8821, Tax Information Authorization (if filing)						
	• Expedite request (if requesting)						
	Application (Form 1023 and Schedules A through H, as required)  Addition of proprietting						
	<ul> <li>Articles of organization</li> <li>Amendments to articles of organization in chronological order</li> </ul>						
	Bylaws or other rules of operation and amendments						
	Documentation of nondiscriminatory policy for schools, as required by Schedule B						
	• Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation (if filing)						
	<ul> <li>All other attachments, including explanations, financial data, and printed materials or publications. Label each page with name and EIN.</li> </ul>						
$\checkmark$	User fee payment placed in envelope on top of checklist. DO NOT STAPLE or otherwise attach your check or money order to your application. Instead, just place it in the envelope.						
$\checkmark$	Employer Identification Number (EIN)						
$\checkmark$	Completed Parts I through XI of the application, including any requested information and any required Schedules A through H.						
	<ul> <li>You must provide specific details about your past, present, and planned activities.</li> <li>Generalizations or failure to answer questions in the Form 1023 application will prevent us from recognizing you as tax exempt.</li> </ul>						
	<ul> <li>Describe your purposes and proposed activities in specific easily understood terms.</li> <li>Financial information should correspond with proposed activities.</li> </ul>						
$\checkmark$	Schedules. Submit only those schedules that apply to you and check either "Yes" or "No" below.						
	Schedule A Yes No Schedule E Yes No V						
	Schedule B Yes No Schedule F Yes No V						
	Schedule C Yes No Schedule G Yes No						
	Schedule D Yes No_ ✓ Schedule H Yes No_ ✓						

- ✓ An exact copy of your complete articles of organization (creating document). Absence of the proper purpose and dissolution clauses is the number one reason for delays in the issuance of determination letters.
  - Location of Purpose Clause from Part III, line 1 (Page, Article and Paragraph Number) Pg. 3, Art. 4, Para. 1.
  - Location of Dissolution Clause from Part III, line 2b or 2c (Page, Article and Paragraph Number) or by operation of state law Pg 3, Art 5, Para. 4.
- Signature of an officer, director, trustee, or other official who is authorized to sign the application.
  - Signature at Part XI of Form 1023.
- Your name on the application must be the same as your legal name as it appears in your articles of organization.

Send completed Form 1023, user fee payment, and all other required information, to:

Internal Revenue Service P.O. Box 192 Covington, KY 41012-0192

If you are using express mail or a delivery service, send Form 1023, user fee payment, and attachments to:

Internal Revenue Service 201 West Rivercenter Blvd. Attn: Extracting Stop 312 Covington, KY 41011

## Form **2848**

## Power of Attorney

	OMB No. 1545-0150								
	For IRS Use Only								
	Received by:								
	Name								
į	Telephone								
	Function								

						Received by:			
	nent of the Treasury Revenue Service	► Type or print.	. ► See	the separ	rate instructions.			Name	
Par		of Attorney						Telephone	
	Caution	A separate Form 2848 should be comp	oleted fo	r each tax	payer. Form 2848 v	vill not be h	onored	Function	
	for any p	urpose other than representation before	the IRS.		,			Date /	1
1		ation. Taxpayer must sign and date this fo			7.				
	yer name and add			<del></del>	Taxpayer identifica	tion number(	s)		
Chica	go Education Pa	rtnership			46-40153	368			
	chael Rogers				Daytime telephone	number	Plan nu	ımber (if applicab	ole)
415 N	Laramie Ave, Ch	nicago IL. 60644			(630) 200-	6747			
hereby	appoints the foll	owing representative(s) as attorney(s)-in-fa	act:		(				
2		e(s) must sign and date this form on page							
		o(s) most sign and date the term of page			CAF No.	4000	-76408R		
	and address M. Schoenberg				PTIN		19973		
	LaSalle St., Sui				Telephone No.	(3	12) 368-40	)18	
Chica	go, IL 60601				Fax No.	(312)	630-7368		
Oh 1	if to be cent notice	ces and communications	<b>7</b>	Checki	if new: Address 🔲	Telephor	ne No. 🗍	Fax No.	]
		ces and communications		Origon	CAF No.	N	lone		
	and address im Bak			ļ	PTIN	N/	'A 12) 368-34		
	, LaSalle St., Sui	te 1900		1	Telephone No.	(3,	12) 368-34	148	
	go, IL 60601				Fax No.				
			<b>V</b>	Check	if new: Address	Telephor	ne No 🗀	Fax No. [	٦
Check	if to be sent noti	ces and communications	À	CHECK	CAF No.	N	lone		
	and address m A. Rudnick						Δ		
	. LaSalle St., Sui	te 1900		<u> </u>	PTIN Telephone No.	(3:	12) 368-70	 078	
	go, IL 60601				reiepnone No.				
				0	Fax No. if new: Address 🔲	Tolophor	o No 🖂	Fay No. F	٦ .
3	Matters	er before the Internal Revenue Service for		ving matte		<del></del>			111
Descri Pr	iption of Matter (Incor actitioner Discipline,	ne, Employment, Payroll, Excise, Estate, Gift, Whis PLR, FOIA, Civil Penalty, etc.) (see instructions for	tleblower, line 3)	(1040,	Tax Form Number 941, 720, etc.) (if app			Period(s) (if applic structions for line	
Exem	ption from incon	ne tax		1023 2013 and t			013 and th	nereafter	
4	check this box.	ot recorded on Centralized Authorization See the instructions for Line 4. Specific L	Jses Not	Recorded	on CAF		<u> </u>	<u> </u>	▶ ∟
5	Acts authorized information and sign any agreed amounts paid to the specific transport to approximate the specific transport to the specific transport transport to the specific transport transport to the specific transport transpo	d. Unless otherwise provided below, the to perform any and all acts that I can per ments, consents, or other documents, the client in connection with this represopriate box(es) below are checked, the relation to a third party, substitute another results.	ne represtion with The representation presentation	entatives n respect t resentative (including tive(s) is (a ative or add	generally are autho to the tax matters de (s), however, is (are refunds by either ele re) not authorized to d additional represer	rized to recescribed on lied o	eive and ine 3, for e rized to range of the rized to range or pape equest for	inspect confiden example, the auth eceive or negotia er checks). Addit disclosure of tax	ate any tionally.
	☐ Disclosure to third parties; ☐ Substitute or add representative(s); ☐ Signing a return;								
	✓ Other acts a	uthorized: See attached.				(see	instruction	ons for more infor	mation)
	An enrolled activation 230). An enrolle return preparer on tax matters supervision of a	An unenrolled return preparer cannot sign uary may only represent taxpayers to the diretirement plan agent may only represe may only represent taxpayers to the exterpartners. In most cases, the student practicular practitioner.	extent part taxpay nt taxpay nt provide ctitioner's	rovided in vers to the ed in section (level k) a	section 10.3(d) of I extent provided in son 10.3(f) of Circular authority is limited (f	only represtreasury Deprection 10.3(c) 230. See the for example,	ent taxpay vartment C e) of Circu e line 5 ins they may	yers in limited situ Circular No. 230 (G Ilar 230. A registe structions for rest only practice un	uations. Circular ered tax trictions ader the

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6	attorney	on file with the Internal I	Revenue Service for the sar	me matters and years	of attorney .omatically revokes all ear or periods covered by this document. If you want TO REMAIN IN EFFECT.	ou do not want
7	-£ -44	ey even if the same report receiver, administrator	ronantativa(c) is (are) being	annointed It signed	s filed, the husband and wife must each fil by a corporate officer, partner, guardian, t hat I have the authority to execute this fo	ax matters partier.
	► IF NO	T SIGNED AND DAT	ED, THIS POWER OF	ATTORNEY WILL E	BE RETURNED TO THE TAXPAYER.	
	10	$\chi$			01	
	V	0:		12/2/20/3 Date	Title (if applicable)	
		Signature		Date	The (ii applicable)	
	Donn	ita Trais		•		
		Print Name		PIN Number	Print name of taxpayer from line 1 if oth	ner than individual
Part	II De	claration of Repre	esentative			
Under	penalties	of perjury, I declare that				
			disbarment from practice b			Oi
					cerning practice before the Internal Revenu	le Service;
			ver identified in Part I for the	e matter(s) specified th	nere; and	
	one of the			. Call a trade all sale		
			ng of the bar of the highest			
					nt in the jurisdiction shown below.	
			nt under the requirements o	f Circular 230.		
		ona fide officer of the ta				
		nployee—a full-time em				
ch	ild, brothe	r, or sister).			, parent, child, grandparent, grandchild, st	
the	e internal F	Revenue Service is limite	ed by section 10.3(d) of Circ	cular 230).	tuaries under 29 U.S.C. 1242 (the authority	
ref	turn under	Return Preparer—Your a examination and have s arers in the instruction	signed the return. See Noti	the Internal Revenue t ce 2011-6 and Speci	Service is limited. You must have been elig al rules for registered tax return prepare	ible to sign the ers and unenrolled
-	ractica haf	ore the Internal Revenue	a Service is limited. You mu	ist have been eligible.	ements of section 10.4 of Circular 230. Yo to sign the return under examination and h and unenrolled return preparers in the i	ave signed the
wo	orking in L	ITC or STCP under sect	ion 10.7(d) of Circular 230.	See instructions for P	f his/her status as a law, business, or acco lart II for additional information and require	ments.
Int	ternal Reve	enue Service is limited b	y section 10.3(e)).		rements of Circular 230 (the authority to pr	
RI	ETURNE	D. REPRESENTATIV	YES MUST SIGN IN THE	ORDER LISTED I	ND DATED, THE POWER OF ATTO N LINE 2 ABOVE. See the instruction	s for Part II.
	For designate		le, position, or relationship	to the taxpayer in the	"Licensing jurisdiction" column. See the in	structions for Part II
Desig Inser	nation— rt above er (a-r)	Licensing jurisdiction (state) or other licensing authority (if applicable)	Bar, license, certification registration, or enrollmer number (if applicable). See instructions for Part II more information.	nt	Signature	Date
	a	IL .	02502577	h	w Melow	12/2/13
		· · · · · · · · · · · · · · · · · · ·		1 ' 1)	. ()	

6312297

6201816

J.L

Chicago Education Partnership C/O Michael Rogers 415 N Laramie Chicago, IL 60644 EIN: 46-4015368 Attachment to Form 2848 December 2, 2013

#### 5. Acts authorized.

Other acts authorized: all federal tax matters concerning the taxpayer relating to the filing of Form 1023, taxpayer's status under Section 170, 170(c)(2), 501(c)(3), 509(a)(1), 642, 4942(j)(3), 2055 and 2522 of the Internal Revenue Code of 1986, as amended, and all appeals relating to any of the foregoing.

ew interactive version of Form 1023 is available at <u>StayExempt.i</u>cludes prerequisite questions, auto-calculated fields, help buttoi

Form 1023
(Rev. June 2006)
Department of the Treasury
Internal Revenue Service

# Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code

(00)

OMB No. 1545-0056

Note: If exempt status is approved, this application will be open for public inspection.

Use the instructions to complete this application and for a definition of all **bold** items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at **www.irs.gov** for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

Pa	rt I Identification of Applicant							
1	Full name of organization (exactly as it appears in your organizing	document)	2 c/o Name (if app	olicab	ole)			
Chi	cago Education Partnership		Michael Rogers					
3	Mailing address (Number and street) (see instructions)	Room/Suite	4 Employer Identificati	on Nu	nber (	BN)		
415	N. Laramie Avenue		46	-401	5368			
	City or town, state or country, and ZIP + 4	<del> </del>	5 Month the annual ac	counti	ng pei	iod end	s (01 – 1	2)
Chi	cago, IL 60644		06					
6	Primary contact (officer, director, trustee, or authorized repres	entative)					_	
	a Name: William A. Rudnick		<b>b</b> Phone:	(312	2) 36	8-707	B 	
			c Fax: (optional)		(312	630-	6056	
8	provide the authorized representative's name, and the name an representative's firm. Include a completed Form 2848, <i>Power o Representative</i> , with your application if you would like us to conwasta a person who is not one of your officers, directors, trustee representative listed in line 7, paid, or promised payment, to he	mmunicate wi	th your representativ , or an authorized , ge, or advise you ab			Yes	Z	No
	the structure or activities of your organization, or about your fin provide the person's name, the name and address of the person promised to be paid, and describe that person's role.	ancial or tax i	amounts paid or					
9a	Organization's website: www.chicagoedpartners.org							
b	Organization's email: (optional)							
10	Certain organizations are not required to file an information retu are granted tax-exemption, are you claiming to be excused from "Yes," explain. See the instructions for a description of organiza- Form 990-EZ.	m filing Form	990 or Form 990-EZ	<i>(</i> IT		Yes	<b>Z</b>	No
11	Date incorporated if a corporation, or formed, if other than a co	orporation. (	MM/DD/YYYY) 0	8 /	19	/	2013	
12	Were you formed under the laws of a foreign country? If "Yes," state the country.					Yes	V	No
Eor I	Paperwork Reduction Act Notice, see page 24 of the instructions.	Cat	. No. 17133K		Form	1023	(Rev. 6-	2006)

orm 1	023 (Rev. 6-2006) (00) Name:	nicago Education Partnership	EIN: 40	_ 40 1330	, P	age Z
art	II Organizational Stru	cture				
See i	nstructions.) DO NOT file this	ng a limited liability company), an ur s form unless you can check "Yes	s" on lines 1, 2, 3, or 4.			
	Are you a corporation? If "Ye of filing with the appropriate so sure they also show state the state of the st	es," attach a copy of your articles of state agency. Include copies of any filing certification.	f incorporation showing certificate amendments to your articles and		ee Exhibit A	
(	certification of filing with the app	pany (LLC)? If "Yes," attach a copy of propriate state agency. Also, if you admendments to your articles and be sumstances when an LLC should not be	dopted an operating agreement, atture they show state filing certification	ach	4.00	] No 
(	Are you an <b>unincorporated</b> acconstitution, or other similar on nclude signed and dated cop	ssociation? If "Yes," attach a copy rganizing document that is dated aries of any amendments.	of your articles of association, nd includes at least two signature		Yes 🗸	No No
á	and dated copies of any amer	ch a signed and dated copy of youndments.		_	_	No No
-		'explain how you are formed without "Yes," attach a current copy showing trustees are selected		lain 🔽	Yes _	No No
		s in Your Organizing Documer	nt			
es r igina	not meet the organizational test. I and amended organizing docur Section 501(c)(3) requires that	ection 501(c)(3). Unless you can check DO NOT file this application until you ments (showing state filing certification your organizing document state your organizing certification become the control of the control o	if you are a corporation or an LLC)  our exempt purpose(s), such as corporation or an LCC)  our exempt purpose(s), such as corporation or an accorporation or an accorporation or an accorporation or accorporatio	with your haritable, locument	application.	r 
1	meets this requirement. Descr	ibe specifically where your organizicle or section in your organizing do f Purpose Clause (Page, Article, and	ng document meets this requiren cument. Refer to the instructions	nent, suc for exem	1Pt	
f	or exempt purposes, such as confirm that your organizing doo dissolution. If you rely on state I	pon dissolution of your organization, haritable, religious, educational, and/o cument meets this requirement by ex law for your dissolution provision, do	or scientific purposes. Check the b press provision for the distribution not check the box on line 2a and (	of assets go to line	upon 2c.	<b>1</b>
į	Do not complete line 2c if you	e 2a, specify the location of your dis checked box 2a. Page 3, Article	5, Faragraph 4			7
	ou rely on operation of state	nation about the operation of state I law for your dissolution provision a	aw in your particular state. Checind indicate the state:	K this box	k if	
		on of Your Activities				
is inf oplica	formation in response to other pation for supporting details. You to this narrative. Remember that otion of activities should be those	st, present, and planned activities in a arts of this application, you may summ may also attach representative copies t if this application is approved, it will lough and accurate. Refer to the instruction of the remarks of the rem	arize that information here and refer of newsletters, brochures, or similar be open for public inspection. There ctions for information that must be in	to the sport document fore, your notuded in	ecilic parts of its for suppon arrative your descrip	rting See
art	Employees, and Ind	lependent Contractors				
t	otal annual <b>compensation</b> , or pather position. Use actual figure	ng addresses of all of your officers, di proposed compensation, for all services, if available. Enter "none" if no come to the instructions for information on the	ces to the organization, whether as pensation is or will be paid. If add	an oπicei	r, employee,	or
me		Title	Mailing address		pensation amo	
e a	ttached					None
						<u>.</u>

#### Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

b	receive compensation of more	than \$50 000 per year. Use the ac	highest compensated employees what tual figure, if available. Refer to the officers, directors, or trustees listed	II ISII UC	110112 1	will or	
Jame		Title	Mailing address	Comp	ensation I actual		
Non	е				<del></del>		
С	that receive or will receive cor	inesses, and mailing addresses of ynpensation of more than \$50,000 p what to include as compensation.	rour five highest compensated inder er year. Use the actual figure, if ava	ender ilable.	nt con Refer	tracto to the	rs
Vame		Title	Mailing address		ensatior al actual		
Non							
				_			
<u>-</u>	-						
he f	following "Yes" or "No" questions	relate to past, present, or planned related employees, and highest compensate	tionships, transactions, or agreements ved independent contractors listed in line	with youes 1a, 1	ur offic b, and	ers, 1c.	
	Are any of your officers, direct	ors, or trustees <b>related</b> to each other the individuals and explain the re	er through family or business		Yes		No
b	Do you have a business relation through their position as an of	onship with any of your officers, dir	ectors, or trustees other than identify the individuals and describe		Yes	Z	No
С	Are any of your officers, direct highest compensated indepen	tors, or trustees related to your high dent contractors listed on lines 1b to the individuals and explain the rel	nest compensated employees or or 1c through family or business		Yes	Ø	No
3а	For each of your officers, direct compensated independent conqualifications, average hours were seen to be a seen as	ctors, trustees, highest compensate ntractors listed on lines 1a, 1b, or vorked, and duties.	ed employees, and highest c, attach a list showing their name,				
b	compensated independent co	ors, trustees, highest compensated ntractors listed on lines 1a, 1b, or ax exempt or taxable, that are relating individuals, explain the relationship compensation arrangement.	c receive compensation from any ed to you through common		Yes	Ø	No
4	employees, and highest comp	ion for your officers, directors, trus ensated independent contractors li mended, although they are not requuse.	sted on lines 1a, 1b, and 1c, the				
b	Do you or will you approve co	mpensation arrangements in advar	nts follow a conflict of interest policy? ace of paying compensation? proved compensation arrangements	V	Yes Yes Yes		No No No

·	1023 (Rev. 6-2006) (00) Name: Chicago Education Partnership EIN: 46 _ 40	1536	8	Pa	ige 4
orm Par	Compensation and Other Financial Arrangements With Your Officers, Directors,	Trus	tees		
	Employees, and Independent Contractors (Continued)				M-
	Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements?	-	Yes		No
	Do you or will you approve compensation arrangements based on information about compensation paid by <b>similarly situated</b> taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.	<b>✓</b>	Yes	Ų	No
f	Do you or will you record in writing both the information on which you relied to base your decision and its source?	Z	Yes		No
g	If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is reasonable for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.				
5a	Have you adopted a <b>conflict of interest policy</b> consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c.	Ado		by resc	
	What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?	the t	oard	l of dire	ctors
С	What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?				
	Note: A conflict of interest policy is recommended though it is not required to obtain exemption.  Hospitals, see Schedule C, Section I, line 14.				
	Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.		Yes	Ø	No
b	Do you or will you compensate any of your employees, other than your officers, directors, trustees, or your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are or will be determined, who is or will be eligible for such arrangements, whether you place or will place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.		Yes	Ø	No
7a	Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at arm's length, and explain how you determine or will determine that you pay no more than fair market value. Attach copies of any written contracts or other agreements relating to such purchases.		Yes	Z	No
b	Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales.		Yes	<b>\overline{\sigma}</b>	No
8a	Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f.		Yes	s <b>Z</b>	No
b	Describe any written or oral arrangements that you made or intend to make.  Identify with whom you have or will have such arrangements.				
d e	Explain how the terms are or will be negotiated at arm's length.  Explain how you determine you pay no more than fair market value or you are paid at least fair market value.  Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.				
9a	Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f.		Yes	s <b>V</b>	No

Page 5

Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- **b** Describe any written or oral arrangements you made or intend to make.
- c Identify with whom you have or will have such arrangements.
- d Explain how the terms are or will be negotiated at arm's length.
- e Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.

f	Attach a copy of any signed leases, contracts, loans, or other agreements relating to such analyements.				
Pai	t VI Your Members and Other Individuals and Organizations That Receive Benefits Fr	om `	You		
Tho	following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and or our activities. Your answers should pertain to past, present, and planned activities. (See instructions.)	ganiz	zations 	as pa	ert
	In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? If "Yes," describe each program that provides goods, services, or funds to individuals. See attached	Z	Yes		No
b	In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? If "Yes," describe each program that provides goods, services, or funds to organizations.		Yes	<b>Z</b>	
2	Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program.		Yes		No
3	Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds.		Yes	<b>Z</b>	No
Pa	rt VII Your History				
The	following "Yes" or "No" questions relate to your history. (See instructions.)		Yes	[7]	No
1	Are you a <b>successor</b> to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to non-profit status. If "Yes," complete Schedule G.		res	B <b>Z</b> ⊒	
2	Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E.		Yes	Z	No
Pai	t VIII Your Specific Activities			_	
The	following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropri vers should pertain to <i>past, present</i> , and <i>planned</i> activities. (See instructions.)	ate b	ox. Yo		
1	Do you support or oppose candidates in political campaigns in any way? If "Yes," explain.		Yes		No
	Do you attempt to influence legislation? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a.		Yes	<b>V</b>	No
b	Have you made or are you making an <b>election</b> to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities.		Yes		No
3a	Do you or will you operate bingo or <b>gaming</b> activities? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. <b>Revenue and expenses</b> should be provided for the time periods specified in Part IX, Financial Data.		Yes	Z	No
b	Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies or any written contracts or other agreements relating to such arrangements.		Yes	Ø	No
С	List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.				

	1023 (Rev. 6-2006) (00) Name: Cincago Education Further (00) Name: Cincago Education	46 _ 401536	8	Pa	ge <b>6</b>
	rt VIII Your Specific Activities (Continued)				
4a	Do you or will you undertake <b>fundraising</b> ? If "Yes," check all the fundraising programs you do conduct. (See instructions.)	or will ☑	Yes	Ц	No
	<ul> <li>✓ mail solicitations</li> <li>✓ email solicitations</li> <li>✓ email solicitations</li> <li>✓ personal solicitations</li> <li>✓ personal solicitations</li> <li>✓ receive donations from another organized to vehicle, boat, plane, or similar donations</li> <li>✓ government grant solicitations</li> </ul>	zation's web	site		
	✓ foundation grant solicitations ☐ Other				
	Attach a description of each fundraising program.	. [7]	<b>V</b>	г	NI.
b	Do you or will you have written or oral contracts with any individuals or organizations to raise fur for you? If "Yes," describe these activities. Include all revenue and expenses from these activities and state who conducts them. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Also, attach a copy of any contracts or agreements.	es	Yes		No
	Do you or will you engage in fundraising activities for other organizations? If "Yes," describe the arrangements. Include a description of the organizations for which you raise funds and attach of all contracts or agreements.	ese 🗌 popies	Yes	<b>✓</b>	No
d	List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for an organization, or another organization fundraises for you.	other			
е	Do you or will you maintain separate accounts for any contributor under which the contributor I the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide a on the types of investments, distributions from the types of investments, or the distribution from donor's contribution account. If "Yes," describe this program, including the type of advice that be provided and submit copies of any written materials provided to donors.	advice n the	Yes	<b>Z</b>	No
5	Are you affiliated with a governmental unit? If "Yes," explain.		Yes	Z	No
6a b	Do you or will you engage in <b>economic development</b> ? If "Yes," describe your program.  Describe in full who benefits from your economic development activities and how the activities promote exempt purposes.		Yes	<b>Z</b>	No
7a	Do or will persons other than your employees or volunteers <b>develop</b> your facilities? If "Yes," de each facility, the role of the developer, and any business or family relationship(s) between the developer and your officers, directors, or trustees.  See attached	scribe 🗹	Yes		No
b	Do or will persons other than your employees or volunteers <b>manage</b> your activities or facilities? "Yes," describe each activity and facility, the role of the manager, and any business or family relationship(s) between the manager and your officers, directors, or trustees.	≀lf □	Yes	Z	No
С	If there is a business or family relationship between any manager or developer and your officers directors, or trustees, identify the individuals, explain the relationship, describe how contracts a negotiated at arm's length so that you pay no more than fair market value, and submit a copy contracts or other agreements.	ıre			
8	Do you or will you enter into <b>joint ventures</b> , including partnerships or <b>limited liability compani</b> treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations? If "Yes," describe the activities of these joint ventures in which you participate.	ies 🗌	Yes	Ø	No
9a	Are you applying for exemption as a childcare organization under section 501(k)? If "Yes," answ lines 9b through 9d. If "No," go to line 10.	ver 🗌	Yes	Z	No
b	Do you provide child care so that parents or caretakers of children you care for can be <b>gainful employed</b> (see instructions)? If "No," explain how you qualify as a childcare organization descrin section 501(k).		Yes		No
С	Of the children for whom you provide child care, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain by you qualify as a childcare organization described in section 501(k).		Yes		No
d	Are your services available to the general public? If "No," describe the specific group of people whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k).	for	Yes		No
0	Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreograp scientific discoveries, or other intellectual property? If "Yes," explain. Describe who owns or vown any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees determined, and how any items are or will be produced, distributed, and marketed.	VIII	Yes	Ø	No

orm	1023 (Rev. 6-2006) (00) Name: Chicago Education Partnership EIN: 46 -	- 40153	00	Pa	ge /
	Your Specific Activities (Continued)				
11	Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or arl licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Ye describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution.  See attached		Yes		No
12a	Do you or will you operate in a foreign country or countries? If "Yes," answer lines 12b through 12d. If "No," go to line 13a.		Yes	Z	No
b	Name the foreign countries and regions within the countries in which you operate.				
С	Describe your operations in each country and region in which you operate.				
	Describe how your operations in each country and region further your exempt purposes.				
	Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lir 13b through 13g. If "No," go to line 14a.	ies 🗌	Yes	Z	No
b	Describe how your grants, loans, or other distributions to organizations further your exempt purposes.	. —		_	
С	Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract		Yes	LJ	No
d	Identify each recipient organization and any relationship between you and the recipient organization	on.			
е	Describe the records you keep with respect to the grants, loans, or other distributions you make.				
f	Describe your selection process, including whether you do any of the following:	_			
	(i) Do you require an application form? If "Yes," attach a copy of the form.		Yes	님	No
	(ii) Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for purposes for which the grant was made, provides for periodic written reports concerning the u of grant funds, requires a final written report and an accounting of how grant funds were used and acknowledges your authority to withhold and/or recover grant funds in case such funds are or appear to be, misused.	se ,	Yes	Ш	No
g	Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use resources.	of			
	Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15.		Yes	Z	No
b	Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.				
С	Does any foreign organization listed in line 14b accept contributions earmarked for a specific cour or specific organization? If "Yes," list all earmarked organizations or countries.	ntry L	Yes		No
	Do your contributors know that you have ultimate authority to use contributions made to you at you discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay the information to contributors.	nis 	Yes		No
е	Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe the inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information.	9	Yes		No
f	Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedur including site visits by your employees or compliance checks by impartial experts, to verify that grands are being used appropriately.	es,	Yes		No

Form	1023 (Rev. 6-2006) (00) Name: Chicago Education Partnership Ein:	0 - 401000		Pa	ge O
Pai	Your Specific Activities (Continued)				
15	1 1 0 15 (D.C 11 11 11 11 11 11	$\checkmark$	Yes_		No
16	Are you applying for exemption as a <b>cooperative hospital service organization</b> under section 501(e)? If "Yes," explain.		Yes		No
17	Are you applying for exemption as a cooperative service organization of operating education organizations under section 501(f)? If "Yes," explain.		Yes		No
18	Are you applying for exemption as a charitable risk pool under section 501(n)? If "Yes," explain	n. 🗆	Yes		No
19	Do you or will you operate a school? If "Yes," complete Schedule B. Answer "Yes," whether yo operate a school as your main function or as a secondary activity.		Yes		No
20	Is your main function to provide hospital or medical care? If "Yes," complete Schedule C.		Yes	Z	No
21	Do you or will you provide <b>low-income housing</b> or housing for the <b>elderly</b> or <b>handicapped</b> ? If "Yes," complete Schedule F.		Yes	Z	No
22	Do you or will you provide scholarships, fellowships, educational loans, or other educational graindividuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H.		Yes	Ø	No
	Note: Private foundations may use Schedule H to request advance approval of individual grar procedures.	nt			

#### Part IX Financial Data

For purposes of this schedule, years in existence refer to completed tax years. If in existence 4 or more years, complete the schedule for the most recent 4 tax years. If in existence more than 1 year but less than 4 years, complete the statements for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. If in existence less than 1 year, provide projections of your likely revenues and expenses for the current year and the 2 following years, based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. (See instructions.)

				of Revenues and		- tov 10000	<del></del>
		Type of revenue or expense	Current tax year	3 prior tax	years or 2 succeedin	g tax years	(-) Describe Total for
			(a) From 08/19/13 To 06/30/14	(b) From 07/01/14 To 06/30/15	(c) From 0//01/15 To 06/30/16	(d) From	(e) Provide Total for (a) through (d)
	1	Gifts, grants, and contributions received (do not include unusual grants)		\$325,000	\$625,000		\$950,000
	2	Membership fees received					
	3	Gross investment income					
	4	Net unrelated business income					
	5	Taxes levied for your benefit					
Revenues	6	Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)					
	7	Any revenue not otherwise listed above or in lines 9–12 below (attach an itemized list)		\$160,000	\$1,881,815		\$2,041,815
	8	Total of lines 1 through 7		\$485,000	\$2,506,815		\$2,991,815
	9	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)					***************************************
	10	Total of lines 8 and 9		\$485,000	\$2,506,815		\$2,991,815
	11	Net gain or loss on sale of capital assets (attach schedule and see instructions)					
	12	Unusual grants					
	13	Total Revenue Add lines 10 through 12		\$485,000			\$2,991,815
	14	Fundraising expenses			\$40,000		
	15	Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)					
	16	Disbursements to or for the benefit of members (attach an itemized list)					
Expenses	17	Compensation of officers, directors, and trustees					
ë	18	Other salaries and wages		\$383,000	\$1,323,000		
뙀	19	Interest expense					
	20	Occupancy (rent, utilities, etc.)			\$135,000		TO THE POST OF THE PERSON OF THE
	21	Depreciation and depletion				<del> </del>	
	22	Professional fees				<del></del>	
	23	Any expense not otherwise classified, such as program services (attach itemized list)		\$54,620	\$833,520		
	24	Total Expenses Add lines 14 through 23		\$437,620	\$2,331,520		1023 (Rev. 6-200

Pa	t IX Financial Data (Continued)  B. Balance Sheet (for your most recently completed tax year)		Year En	
				le dollars)
	Assets	1	(******	e dollars,
1	Cash	2	-	
2	Accounts receivable, net	3		
3	Inventories	4		
4	Bonds and notes receivable (attach an itemized list)	5	_	
5	Corporate stocks (attach an itemized list)	6		
6	Loans receivable (attach an itemized list)	7		-
7	Other investments (attach an itemized list)	8		
8	Depreciable and depletable assets (attach an itemized list)	9		
9	Land	10		None
10	Other assets (attach an itemized list)	11		110110
11	Total Assets (add lines 1 through 10)	'		
40		12		
12	Accounts payable	13		
13	Mortgages and notes payable (attach an itemized list)	14		
14	Mongages and notes payable (attach an itemized list)	15		
15	Other liabilities (attach an itemized list)	16		
16	Fund Balances or Net Assets			
17	Total fund balances or net assets	17		
18	Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)	18		None
19	Have there been any substantial changes in your assets or liabilities since the end of the period		Yes	✓ No
	shown above? If "Yes," explain.			
Pai	<b>TX</b> Public Charity Status  X is designed to classify you as an organization that is either a private foundation or a public charit			
1a	rmine whether you are a private operating foundation. (See instructions.)  Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed. If you are unsure, see the instructions.		Yes	☑ No
b	As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document. Go to line 2.		44,484	
2	Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3. If "No," go to the signature section of Part XI.		Yes	□ No
3	Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI. If "No," continue to line 4.		Yes	□ No
4	Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinior from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation?	ı [	Yes	□ No
5	If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking of You may check only one box.	ne of	the cho	oices belov
	The organization is not a private foundation because it is:			
а	509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach S	3ched	ule A.	
b	509(a)(1) and 170(b)(1)(A)(ii)—a school. Complete and attach Schedule B.			$\mathbf{Z}$
С	509(a)(1) and 170(b)(1)(A)(iii)—a hospital, a cooperative hospital service organization, or a medical resorganization operated in conjunction with a hospital. Complete and attach Schedule C.	earch	ו	
d	509(a)(3)—an organization supporting either one or more organizations described in line 5a through of the support of the suppo	, f, g,	or h	

	1023 (Rev. 6-2006) (00) Name: Chicago Education Partnership	EIN: 46	_ 4015368	Page <b>11</b>
	rt X Public Charity Status (Continued)			
f	509(a)(4)—an organization organized and operated exclusively for testing for public safety 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a college or univ operated by a governmental unit.	versity th		
g	509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of its finance of contributions from publicly supported organizations, from a governmental unit, or from	ial suppo the gen	ort in the form eral public.	
	509(a)(2)—an organization that normally receives not more than one-third of its financial investment income and receives more than one-third of its financial support from contribes, and gross receipts from activities related to its exempt functions (subject to certain	support f ibutions, exceptions	rom gross membership ons).	
i	A publicly supported organization, but unsure if it is described in 5g or 5h. The organization decide the correct status.	tion woul	d like the IRS to	
6	If you checked box g, h, or i in question 5 above, you must request either an advance or a d selecting one of the boxes below. Refer to the instructions to determine which type of ruling y	you are e	igible to receive.	
а	Request for Advance Ruling: By checking this box and signing the consent, pursuant the Code you request an advance ruling and agree to extend the statute of limitations of excise tax under section 4940 of the Code. The tax will apply only if you do not establish at the end of the 5-year advance ruling period. The assessment period will be extended years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, Ext. Assessment Period, provides a more detailed explanation of your rights and the consequence you make. You may obtain Publication 1035 free of charge from the IRS web site at www toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to otherwise be entitled. If you decide not to extend the statute of limitations, you are not excluded.	n the ass h public of for the 5 right to re tending the uences of w.irs.gov o which	essment of support status advance ruling efuse or limit the Tax or by calling you would	
	Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of For Organization  (Signature of Officer, Director, Trustee, or other authorized official)		(Date)	
	(Type or print title or authority of signer)			
	(Type of plantation)			
	For IRS Use Only			
			(Date)	
b	For IRS Use Only  IRS Director, Exempt Organizations  Request for Definitive Ruling: Check this box if you have completed one tax year of at you are requesting a definitive ruling. To confirm your public support status, answer line g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked answer both lines 6b(i) and (ii).	box i in	ull months and	
b	For IRS Use Only  IRS Director, Exempt Organizations  Request for Definitive Ruling: Check this box if you have completed one tax year of at you are requesting a definitive ruling. To confirm your public support status, answer line g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked	box i in	full months and ou checked box line 5 above,	
b	For IRS Use Only  Request for Definitive Ruling: Check this box if you have completed one tax year of at you are requesting a definitive ruling. To confirm your public support status, answer line g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked answer both lines 6b(i) and (ii).  (i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expense (b) Attach a list showing the name and amount contributed by each person, compar gifts totaled more than the 2% amount. If the answer is "None," check this box.  (ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement Expenses, attach a list showing the name of and amount received from each disanswer is "None," check this box.	es ny, or org	full months and ou checked box line 5 above, anization whose ues and person. If the	
b	For IRS Use Only  IRS Director, Exempt Organizations  Request for Definitive Ruling: Check this box if you have completed one tax year of at you are requesting a definitive ruling. To confirm your public support status, answer line g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked answer both lines 6b(i) and (ii).  (i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expense (b) Attach a list showing the name and amount contributed by each person, compar gifts totaled more than the 2% amount. If the answer is "None," check this box.  (ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement Expenses, attach a list showing the name of and amount received from each dis	es ny, or org of Reven qualified	anization whose ues and person. If the person, whose	

#### Part XI User Fee Information

You must include a user fee payment with this application. It will not be processed without your paid user fee. If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4-year period, you must submit payment of \$750. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4-year period, the required user fee payment is \$300. See instructions for Part XI, for a definition of gross receipts over a 4-year period. Your check or money order must be made payable to the United States Treasury. User fees are subject to change. Check our website at www.irs.gov and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.

											re sub, ces at								vw.irs	.gov	апа ц	pe	User
1	If "Y	es,"	chec	k the l	o xod	n line	2 and	encios	se a u	user fe	expect e payn e paym	nent of	\$300	(Subje	ect to	chan	ge—se	e abov	/e) <b>.</b> e).		Yes		☑ No
2											fee pay											_[	
3	Che	ck tl	ne bo	x if ye	<del>u ha</del> y	e enc	losed	the us	er fee	paym	ent of	\$750 (	Subjec	t to c	hange	e).							<u> </u>
applic	ation,	ider incl	the pe	palties the acc	of per opipa	jury th nying :	at I am schedu	author les and	ized to attach	o sign t hments	this app , and to	lication the bes	n beha	alf of to know	he abo ledge	ove on it is tr	ganizati ue, corr	on and t ect, and	that I i I comp	iete.	_		
Piea Sigr Here	1	•		ature of		Direc	ctor, Tru	istee, or	other			(Type o	print n	ame o	f signe - -	er) 			(	Date)	121	2	<u>013</u>

Reminder: Send the completed Form 1023 Checklist with your filled-in-application.

Form 1023 (Rev. 6-2006)

Form	1023 (Rev. 6-2006)	(00) Name: Chicago Education Partnership EIN: 46 _ 40	15368	B	Pag	e 14
	<del></del>	Schedule B. Schools, Colleges, and Universities				
		If you operate a school as an activity, complete Schedule B				
Sec	etion I Opera	tional Information				
1a	regularly enrolled	nave a regularly scheduled curriculum, a regular faculty of qualified teachers, a student body, and facilities where your educational activities are regularly carried of complete the remainder of Schedule B.	V	Yes		No
b	school in terms of	ction of your school the presentation of formal instruction? If "Yes," describe your f whether it is an elementary, secondary, college, technical, or other type of school. mplete the remainder of Schedule B. Elementary and Secondary. See attack	-	Yes		No 
	explain how you a Schedule B.	school because you are operated by a state or subdivision of a state? If "Yes," are operated by a state or subdivision of a state. Do not complete the remainder of		Yes		No
b	or property? If "Ye or property. Subm	school because you are operated wholly or predominantly from government funds es," explain how you are operated wholly or predominantly from government funds nit a copy of your funding agreement regarding government funding. Do not ainder of Schedule B.  See attached	<b>✓</b>	Yes		No 
3	In what public sch	nool district, county, and state are you located?				
4	Were you formed school district or	or substantially expanded at the time of public school desegregation in the above county?		Yes		No
5	Has a state or fed discriminatory? If	deral administrative agency or judicial body ever determined that you are racially "Yes," explain.		Yes		No
6	Has your right to or suspended? If	receive financial aid or assistance from a governmental agency ever been revoked "Yes," explain.		Yes		No
7	facilities? If "Yes," other agreements	I contract with another organization to develop, build, market, or finance your explain how that entity is selected, explain how the terms of any contracts or are negotiated at arm's length, and explain how you determine that you will pay no rket value for services.		Yes		No
	Note. Make sure	your answer is consistent with the information provided in Part VIII, line 7a.				
8	"No," attach a sta persons or organize managers were or other agreements Explain how the to how you determin	I manage your activities or facilities through your own employees or volunteers? If itement describing the activities that will be managed by others, the names of the zations that manage or will manage your activities or facilities, and how these will be selected. Also, submit copies of any contracts, proposed contracts, or regarding the provision of management services for your activities or facilities. For any contracts or other agreements were or will be negotiated, and explain the you will pay no more than fair market value for services.		Yes		No
	or by using volunt	es" if you manage or intend to manage your programs through your own employees teers. Answer "No" if you engage or intend to engage a separate organization or ractor. Make sure your answer is consistent with the information provided in Part				
Sec	tion II Establ	ishment of Racially Nondiscriminatory Policy				
		Information required by Revenue Procedure 75-50.				
1	bylaws, or by reso	d a racially nondiscriminatory policy as to students in your organizing document, olution of your governing body? If "Yes," state where the policy can be found or the policy. If "No," you must adopt a nondiscriminatory policy as to students this application. See Publication 557.		Yes		No
2	Do your brochures admissions, progr policy?	s, application forms, advertisements, and catalogues dealing with student ams, and scholarships contain a statement of your racially nondiscriminatory		Yes		No
	If "No," by checking content, will content	representative sample of each document.  ng the box to the right you agree that all future printed materials, including website  ain the required nondiscriminatory policy statement.		-	<b>▶</b> □	
3	that serves all rac "No," explain.	ed a notice of your nondiscriminatory policy in a newspaper of general circulation ial segments of the community? (See the instructions for specific requirements.) If		Yes		
4	basis of race with	rganization (or any department or division within it) discriminate in any way on the respect to admissions; use of facilities or exercise of student privileges; faculty or ff: or scholarship or loan programs? If "Yes," for any of the above, explain fully.		Yes		No

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(00) Name: Chicago Education Partnership

Schedule B. S		

5	Complete the table below to show the racial composition for the current academic year and projected for the ne academic year, of: (a) the student body, (b) the faculty, and (c) the administrative staff. Provide actual numbers re	ext ather t	than
	percentages for each racial category.		

If you are not operational, submit an estimate based on the best information available (such as the racial composition of the community served).

Racial Category	(a) Stude	nt Body	(b) Fa	(c) Administrative Staff			
Tidola. Galego.,	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	
Total							

In the table below, provide the number and amount of loans and scholarships awarded to students enrolled by racial Not applicable because the school is not operational yet. See Annex II.6 to Schedule B. categories.

Racial Category	Number o	of Loans	Amount	f Loans	Number of S	cholarships	Amount of Scholarships		
	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	
			<u></u>			<u> </u>		-	
Total			_			1		L	

	Total		
7a	Attach a list of your incorporators, founders, board members, and donors of land or buildings, whether individuals or organizations.		
b	Do any of these individuals or organizations have an objective to maintain segregated public or private school education? If "Yes," explain.	☐ Yes	□ No
8	Will you maintain records according to the non-discrimination provisions contained in Revenue Procedure 75-50? If "No," explain. (See instructions.)	☐ Yes	☐ No
		Farm 1023	/Pay 6.2006