

ChicagoEducationPartnership<sup>SM</sup>

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

Fax (773) 378-3376

website  
gsjbchurch.org

email  
info@gsjbchurch.org



**Rev. Ira J. Acree**  
Senior Pastor

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,

A handwritten signature in black ink that reads 'Ira J. Acree'. The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent. Below the signature is the printed name 'Rev. Ira J. Acree, Sr. Pastor'.

Rev. Ira J. Acree, Sr. Pastor



October 21, 2013

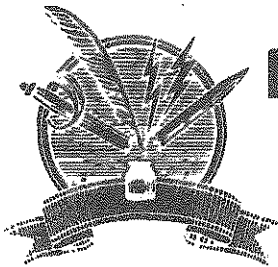
To Whom It May Concern:

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



# The Windy City Word

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

# Chicago Education Partnership<sup>SM</sup>

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.

**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

### Cultural Values

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

Name (Please Print)	Street Address (w/ Zip)	Phone	Email	Signature
Lilia Sykas	934 N. Parkside			Lilia Sykas
Viola Nelson	944 N. Parkside			Viola Nelson
Paris Morgan	934 n. Parkside		parishm@ced.com	Paris Morgan
Angel Vega	948 N. Parkside			Angel Vega
TEYANNA W. ROBBINS	" "			Teyanna W. Robbins
ANGELA WATSON	" "			Angela Watson
Edna Harris	928 N. Parkside	773.876.9495		Edna Harris
Willie Harris	928 N. Parkside	773.876.9495		Willie Harris
Zhelon sa Long	932 N. Parkside	773.379.4544		Zhelon sa Long
Corey Long	932 N. Parkside	773.379.4544		Corey Long

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Name (Please Print)	Street Address (w/ Zip)	Phone	Email	Signature
Lynette Benson	4728 W Race		lynettebenson@yahoo.com	<i>Lynette Benson</i>
Ebon Davis	4155 W Fish Ave 60644		ebon07@aol.com	<i>Ebon Davis</i>
Tasmin Higgins	1731 N Korel		Jessmin-Higgins@yahoo.com	<i>Jessmin Higgins</i>
Arnette Rice White			PRJEST129@aol.com	<i>Arnette White</i>
Claudette Hare	6 N Idamben 723	782-6159	ClaudetteHare@aol.com	<i>Claudette Hare</i>









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Name: Florence A Watson  
 Address (w/ zip): 162 N. Dearborn Ave. 60628  
 Email: w-marie.33@att.net Phone: 312-555-1330

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Name: ARDICIA HARRIS  
 Address (w/ zip): 3512 W. LEXINGTON ST 1<sup>ST</sup>  
CHICAGO, IL 60624  
 Email: ardicia.harris@att.net Phone: 312-659-5798

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Name: Boyce Allen Sr  
 Address (w/ zip): 5915 W Erie St  
773-895-6770  
 Email: minstrobayce@yahoo.com Phone: 773-895-6770

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Name: Carole Stannard  
 Address (w/ zip): 5431 W. Erie, Chicago, IL 60644  
 Email: caroles@virburban.org Phone: 773-378-6830

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Name: Gilbretta EdwardsAddress (w/ zip): 43 N. Park Side Ave #102Email: gedw1277@yahoo.com Phone: 773-44-2615

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A Tuition-Free Public Charter School

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Name: Emily BrookinsAddress (w/ zip): 118 N Central Ave Chicago 60644

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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Name: Terry K. RodomAddress (w/ zip): 1626 W. WestchesterEmail: \_\_\_\_\_ Phone: 773-46-4057

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Name: PATRICIA HORTONAddress (w/ zip): 5710 W. ERIE 2ND FL.Email: \_\_\_\_\_ Phone: (773) 317-2493

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Name: Shurley Kyle

Address (w/ zip): 922 N. MARION ST. OP.

Email: shurleykyle@comcast.net Phone: 708-928-1574

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Name: Bridgett Stevenson

Address (w/ zip): 5517 W. THOMAS CHGO, IL 60651

Email: Phone:

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Name: CLIFFTON KYLE

Address (w/ zip): 922 N. MARION OAK PARK 60302

Email: CLIFFKYLE@COMCAST.NET Phone: 708.926.5440

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Name: Claudia Pate

Address (w/ zip): 1350 S. Harding Ave. #412  
312

Email: cap22love14@yahoo.com Phone: 804-1249

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Name: Judy Robertson/Winston

Address (w/ zip): 5961 W. Midway Park 60644

Email: JudyRobertson119@yahoo.com Phone: 678-469-2749

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Name: N.L. Barr

Address (w/ zip): 1118 N. 19th Melrose Pk. IL 60160

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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Name: Trudie M. Mitchell

Address (w/ zip): 5950 W. Washington Blvd. 60644

Email: trudiemitchell@yahoo Phone: 773 870 0001

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Name: Meredee Lee  
 Address (w/ zip): 5149 N. Bloomingdale Ave Chicago, IL 60631  
 Email: \_\_\_\_\_ Phone: 804-1931

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Name: Darryl K. Petty  
 Address (w/ zip): 6141 S. Greenwood 60637  
 Email: darryl.petty@clearnet.net Phone: (708) 925-3352

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Name: Corey Humphrey  
 Address (w/ zip): 4226 W. Washington  
 Email: crhumphrey123@gmail.com Phone: 773-396-1963

COMMUNITY PETITION CARD

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**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

**Cultural Values**

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

Name: Andre Hinton - Circle Urban Ministries  
 Address (w/ zip): 118 N. Central Ave Chicago, IL 60610  
 Email: Andre.hinton@circleurban.org Phone: 773-441-1100

COMMUNITY PETITION CARD

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**Cultural Values**

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

Name: Alfie Martin  
 Address (w/ zip): 633 N. Avers Ave, 60629  
 Email: alfiemrt3@yahoo.com Phone: 773-826-4632  
312-282-0890 cell

COMMUNITY PETITION CARD

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**Cultural Values**

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

Name: Jessica Allen  
 Address (w/ zip): 5915 W Erie Chicago 60614  
 Email: bjallen88@yahoo.com Phone: 773 816 0128

COMMUNITY PETITION CARD

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**Cultural Values**

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

Name: Heroy Newwood  
 Address (w/ zip): 1741 N. Lockwood Chicago 60625  
 Email: \_\_\_\_\_ Phone: 773 858 4186

COMMUNITY PETITION CARD

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**Cultural Values**

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

Name: Billy Russell  
 Address (w/ zip): 1827 S. 12th Ave M4 Wood 60153  
 Email: \_\_\_\_\_ Phone: 630 290 875



## COMMUNITY PETITION CARD

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## Cultural Values

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

Name: DEE MURMA JOHNSONAddress (w/ zip): 5715 W. ERIE 60644Email: \_\_\_\_\_ Phone: 773-921-2974

## COMMUNITY PETITION CARD

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## Cultural Values

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

Name: Sandra HarrisAddress (w/ zip): 5204 W BLOOMINGDALE 60639Email: \_\_\_\_\_ Phone: 773-672-3122

## COMMUNITY PETITION CARD

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## Cultural Values

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

Name: Frank Smith JrAddress (w/ zip): 5806 W. FULTONEmail: Fsmith6923@aol.com Phone: 773-574-0304

## COMMUNITY PETITION CARD

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## Cultural Values

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

Name: ED JOHNSONAddress (w/ zip): 5715 W ERIE 60644Email: \_\_\_\_\_ Phone: 312-515-3849

COMMUNITY PETITION CARD

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Cultural Values

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

Name: SANDRA JACKSON

Address (w/ zip): 5946 W. Cortland St, 60639

Email: sjackson@cps.edu Phone: 773-732-5485

COMMUNITY PETITION CARD

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Cultural Values

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

Name: Jimmie Rhodes

Address (w/ zip): 410 N PINE AV

Email: Chicago 60644 Phone: 773-9837025

COMMUNITY PETITION CARD

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Cultural Values

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

Name: Iesha Polk

Address (w/ zip): 5718 N. Superior, 60644

Email: iesha-polk@yahoo.com Phone: 773 454-956

COMMUNITY PETITION CARD

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- Curiosity
• Perseverance
• Respect
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Name: Jerry Lewis

Address (w/ zip): 180 N Pine

Email: Phone: - - -

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**Cultural Values**

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

Name: Clarence Wealer

Address (w/ zip): 75 Mayfield 630

Email: \_\_\_\_\_ Phone: 728-3557

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**Cultural Values**

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

Name: Patricia A. French

Address (w/ zip): 146 N. Central NPT 217

Email: \_\_\_\_\_ Phone: 312-734-8108

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**Cultural Values**

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

Name: Pamela Wells 60655

Address (w/ zip): 1998 S. 13th Ave Broadview

Email: \_\_\_\_\_ Phone: (224) 698-0149

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**Cultural Values**

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

Name: Evelyn Bradshaw

Address (w/ zip): 5500 W. 61st 60645

Email: missbradshaw Phone: 312-333-7419

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### Cultural Values

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

Name: Arthy Moore

Address (w/ zip): 6313 W. Fullerton

Email: \_\_\_\_\_ Phone: 773-682-5818

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### Cultural Values

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

Name: Douglas Hansen

Address (w/ zip): 118 N. Central Ave.

Email: \_\_\_\_\_ Phone: 773-261-872

# Chicago Education Partnership <sup>SM</sup>

A Tuition-Free Public Charter School

## LETTER OF INTENT TO ENROLL

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### Student(s) Information

Full Student Name: <u>Rashuad Eames</u>			
Current Age/Grade: <u>Pre-K</u>	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input checked="" type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Trammel Rodshanda</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>5219</u>	Street: <u>Washington</u>	Apartment No.: <u>203</u>
Phone: <u>773-934-1143</u>	Street: <u>Washington</u>	City: <u>Chicago</u>
Email:	State: <u>Washington</u>	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  
 Community Event/At \_\_\_\_\_  
 Other Peer C.A. unit Daycare Provider

I, Rodshanda Trammel, am interested in sending my child(ren), Rashuad Eames to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Signature Rodshanda Trammel

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

www.chicagoedpartners.org

# Chicago Education Partnership<sup>SM</sup>

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### Student(s) Information

Full Student Name: <u>Rodrianna Trammel</u>			
Current Age/Grade: <u>Pre-K</u>	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input checked="" type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Mitchell Rochell</u>		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input checked="" type="checkbox"/> Other <u>Grandmother</u>		
Address: <u>5527 W. Washington</u>	Street: <u>Washington</u>	Apartment No.: <u>308</u>
Phone: <u>312-772-1839</u>	City: <u>Chicago</u>	State: <u>IL</u>
Email: <u>redshanda.trammel@yahoo.com</u>	State: <u>IL</u>	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other Cheer Culture Day Care Provider

I, Rochell Mitchell, am interested in sending my child(ren), Rodrianna Trammel to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Rochell Mitchell  
 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: <u>Kimora Monroe</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Creezy Lil Rascebe</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Mac Daniels Keena</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>1742 N.</u>	Street: <u>Luna Ave</u>	Apartment No.: <u>1 Fl</u>
Phone:	Street:	City: <u>Chgo</u>
Email:	State: <u>IL</u>	Zip Code: <u>60639</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other Creezy Lil Rascebe Provider

Keena Daniels, am interested in sending my child(ren), Kimora to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Keena Daniels  
 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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*A Tuition-Free Public Charter School*

## LETTER OF INTENT TO ENROLL

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### Student(s) Information

Full Student Name: <u>Derrion Thomas</u>			
Current Age/Grade: <u>5</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Cheery C. Gunn</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First):		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> 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 \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other Cheery C. Gunn

I, Derrion Thomas, am interested in sending my child(ren), Derrion to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Derrion Thomas  
 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: <u>Justin Brunt</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name: <u>Jace Brunt</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Brunt Dushawn</u>		
Relationship: <input type="checkbox"/> Mother <input checked="" type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>4142 W Congress</u>	Street:	Apartment No.:
Phone: <u>708-473-7801</u>	Street:	City: <u>Chgo</u>
Email:	State:	Zip Code: <u>60624</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other Cheer Clean Day Care Provider

I, Dushawn Brunt, am interested in sending my child(ren), Jace Brunt and Justin Brunt, to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Dushawn Brunt  
 Signature

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### Student(s) Information

Full Student Name: <u>Damon JAY Watson</u>		
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old
<input type="checkbox"/> Pre-K		
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Cheery Lil' Resale</u>

Full Student Name:		
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old
<input type="checkbox"/> Pre-K		
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?

Full Student Name:		
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old
<input type="checkbox"/> Pre-K		
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?

### Parent or Guardian Information

Name (Last, First): <u>Watson Delondon</u>		
Relationship: <input type="checkbox"/> Mother <input checked="" type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>5232 W Potomac</u>	Street: <u>Potomac</u>	Apartment No.: <u>Bst</u>
Phone: <u>708-407-1162</u>	Street:	City: <u>Chgo</u>
Email:	State:	Zip Code: <u>606</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Cheery & Ann Day Care Provider  Community Event/At \_\_\_\_\_

Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Delondon Watson, am interested in sending my child(ren), Damon Jay Watson to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Delondon Watson  
Signature

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### Student(s) Information

Full Student Name: <u>Roykia Trammel</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Cheery's Lil's Rascal</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Mitchell Rochell</u>		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input checked="" type="checkbox"/> Other		
Address: <u>5527</u>	Street: <u>Washington</u>	Apartment No.: <u>308</u>
Phone: <u>312-772-1839</u>	City: <u>Chicago</u>	
Email: <u>remise14@.com</u>	State: <u>IL</u>	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_ 
  Community Event/At \_\_\_\_\_ 
  Other Cheery C. Gunn DAY Care Provider

I, Rochell Mitchell, am interested in sending my child(ren), Granddaughter to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Rochell Mitchell  
Signature

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### Student(s) Information

Full Student Name: <u>Ariel Byrd</u>		
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old <input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Cherry Hill Rascals</u>

Full Student Name:		
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old <input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?

Full Student Name:		
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old <input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?

### Parent or Guardian Information

Name (Last, First): <u>Body Lacroix</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>1811 N.</u>	Street: <u>LUNA AVE</u>	Apartment No.: <u>3 Smt</u>
Phone: <u>773-495-8494</u>	Street:	City: <u>Chgo</u>
Email:	State: <u>IL</u>	Zip Code: <u>60639</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_       Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_       Other Day Care Provider

I, Lance Body, am interested in sending my child(ren), Ariel Byrd to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Lance Body  
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: <u>Harmoni Jae Philibert</u>			
Current Age/Grade: <u>4 / Preschool</u>	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input checked="" type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Fresh Start Day Care</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Benson Charday</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>4728 W. Race</u>	Street:	Apartment No.: <u>1st Flat</u>
Phone: <u>1773-812-6254</u>	Street:	City: <u>Chicago</u>
Email:	State: <u>Illinois</u>	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From \_\_\_\_\_  Community Event/At By the Hand club  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Charday Benson, am interested in sending my child(ren), Harmoni J. Philibert to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Charday Benson  
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: <u>Hailey Johnson</u>			
Current Age/Grade: <u>Preschool</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>only head start</u>		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Edwards, Felicia</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>1344 N.</u>	Street: <u>Laramie</u>	Apartment No.:
Phone: <u>708.629-9459</u>	Street:	City: <u>Chicago</u>
Email:	State: <u>IL</u>	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From CASSANDRA Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Felicia Edwards, am interested in sending my child(ren), Hailey Johnson to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Felicia Edwards  
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: <u>Brianna Burton</u>		
Current Age/Grade: <u>Head Start Preschool</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old <input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Mothers' Love</u>	

Full Student Name:		
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old <input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:		
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old <input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Tiffany Stewart</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>5535 W.</u>	Street: <u>Potomac</u>	Apartment No.:
Phone: <u>773-378-1632</u>	City: <u>Chicago</u>	
Email:	State: <u>IL</u>	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From CASSANDRA JOHNSON  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Tiffany Stewart, am interested in sending my child(ren), Brianna Burton to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Tiffany W. Stewart  
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: <u>Cortni Marie Shields</u>			
Current Age/Grade: <u>3</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Yolanda Mitchell Shields</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>915 N.</u>	Street: <u>Monticello Av.</u>	Apartment No.: <u>B8MT</u>
Phone: <u>(708) 890-8945</u>	Street:	City: <u>Chicago</u>
Email:	State: <u>ILLINOIS</u>	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From CASSANDRA JOHNSON  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Yolanda Shields, am interested in sending my child(ren), Cortni M. Shields to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Yolanda Shields  
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: <u>BRYAN STEPHENS</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Stephens Zita</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>7347 S. Halsted</u>	Street: <u>Kenwood</u>	Apartment No.:
Phone: <u>312-545-6923</u>	Street:	City: <u>Chicago</u>
Email: <u>Zita.m.stephens</u>	State: <u>IL</u>	Zip Code: <u>60619</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From CASSANDRA JONES  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Zita Stephens, am interested in sending my child(ren), BRYAN STEPHENS to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Zita Stephens  
 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: <u>Amaria TENE HARRIS</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>MC MORRIS, ASTLEY</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>5517 W.</u>	Street: <u>KAMERLING</u>	Apartment No.: <u>2</u>
Phone: <u>736268983</u>	Street:	City: <u>Chicago</u>
Email:	State: <u>IL</u>	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From CASSANDRA SWAN  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, ASTLEY MCMORRIS, am interested in sending my child(ren), Amaria Harris to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Astley McMorris  
 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:

# Chicago Education Partnership<sup>SM</sup>

A Tuition-Free Public Charter School

## LETTER OF INTENT TO ENROLL

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### Student(s) Information

Full Student Name: <u>Jayla Buchanan</u>			
Current Age/Grade: <u>4</u>	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input checked="" type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Brunson</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Johnson, Cassandra</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>935 N A</u>	Street: <u>Austin</u>	Apartment No.: <u>2</u>
Phone: <u>773-397-9355</u>	Street:	City: <u>Chicago</u>
Email: <u>Kilamyad@yahoo.com</u>	State: <u>IL</u>	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Cassandra Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Cassandra Johnson, am interested in sending my child(ren), Jayla Buchanan to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Cassandra Johnson  
 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: <u>EVAN JACOB FIEMING</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>CHANNINGS</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>FIEMING-HARRISON, NINA</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>328 N.</u>	Street: <u>LONG AVENUE</u>	Apartment No.:
Phone: <u>773 647 4261</u>	Street:	City: <u>CHICAGO</u>
Email: <u>NINAHARRISON2006@YATCO.COM</u>	State:	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other CHANNING DAY CARE

I, NINA HARRISON-Fleming am interested in sending my child(ren), EVAN J. FLEMING to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Nina Harrison  
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: <u>Laylah McMORRIS</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Young school</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>McMORRIS Latrice</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>5517 W.</u>	Street: <u>Kamerling</u>	Apartment No.: <u>1</u>
Phone: <u>773-626-8983</u>	City: <u>Chicago</u>	
Email:	State: <u>IL</u>	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From CASSANDRA JOHNSON  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Latrice McMORRIS, am interested in sending my child(ren), Laylah McMORRIS to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Latrice McMORRIS  
 Signature

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# Education

*A Division of Public Charter School*

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### Student(s) Information

Full Student Name: <u>Kaliyah Harris</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Kidz Kozy Korner</u>	

Full Student Name: <u>[Signature]</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Austin, Camille</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>5224 W. Ohio</u>	Street:	Apartment No.:
Phone: <u>773-921-6812</u>	Street:	City: <u>Chicago</u>
Email:	State: <u>IL</u>	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Dottie Sherman  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other Childcare

I, Camille Austin, am interested in sending my child(ren), Kaliyah Harris to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Camille Austin  
 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:

# Education

*A Tutorium Free Public Charter School*

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### Student(s) Information

Full Student Name: <i>Aliyah Ray</i>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First):		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <i>620 N. Corel</i>	Street:	Apartment No.:
Phone: <i>(708) 699-0023</i>	Street:	City:
Email:	State:	Zip Code:

How did you hear about Chicago Education Partnership?

- Word of Mouth/From *Dollie Sherman*  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, \_\_\_\_\_, am interested in sending my child(ren), \_\_\_\_\_  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

*Quinn Morris*  
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: <u>Skyla Mason</u>			
Current Age/Grade: <u>NR</u>	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Kidz Kozy Corner</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Stanley Lonnette</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>622 n Lorel</u>	Street: <u>LOREL</u>	Apartment No.: <u>2</u>
Phone: <u>773-699-9514</u>	Street:	City: <u>Chgo</u>
Email:	State:	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Dollie Sherman  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Lonnette Stanley, am interested in sending my child(ren), Skyla Mason to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Lonnette Stanley  
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: <u>Trianna House</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, what Day Care or Pre-school?			

Full Student Name: <u>Trineah House</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, what Day Care or Pre-school?			

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what Day Care or Pre-school?			

### Parent or Guardian Information

Name (Last, First): <u>Macon Jamika</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>633 morel</u>	Street:	Apartment No.: <u>2</u>
Phone:	Street:	City: <u>Chgo</u>
Email:	State:	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Dollie Sherman  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Jamika Macon, am interested in sending my child(ren), Trianna House, Trineah House to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Jamika Macon  
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: <u>Dion Hatch</u>			
Current Age/Grade: <u>3</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Kids Kozy Corner</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First):		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>1045 W. 10<sup>th</sup> Street</u>	Street:	Apartment No.:
Phone: <u>(773) 959-1769</u>	Street:	City: <u>Bellwood</u>
Email:	State:	Zip Code: <u>60104</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Dollie Sherman  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, \_\_\_\_\_, am interested in sending my child(ren), \_\_\_\_\_  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Jasmar Hatch  
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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# Education

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### Student(s) Information

Full Student Name: <u>Devaughn Alford</u>			
Current Age/Grade: <u>3</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Kids Kozy Korner</u>	

Full Student Name: <u>Donald Alford</u>			
Current Age/Grade: <u>5</u>	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input checked="" type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Kids Kozy Korner</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Alford, Rasheeda</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>2217 W. 17th Street</u>	Street:	Apartment No.:
Phone: <u>773-531-2294</u>	Street:	City:
Email:	State:	Zip Code:

How did you hear about Chicago Education Partnership?

Word of Mouth/From Dollie Sherman  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, \_\_\_\_\_, am interested in sending my child(ren), \_\_\_\_\_  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

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: <u>Chyna Mulberry</u>			
Current Age/Grade: <u>3</u>	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Kids Kozy Korner</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Lateese Jackson</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>623 N. Loral</u>	Street:	Apartment No.:
Phone:	Street:	City:
Email:	State:	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Dollie Sherman  Community Event/At \_\_\_\_\_
- Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, \_\_\_\_\_, am interested in sending my child(ren), \_\_\_\_\_ to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Lateese Jackson  
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:

# Chicago Education Partnership

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### Student(s) Information

Full Student Name: <u>RAE KWON CURRY</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name: <u>TRINITE MURPHY</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>S MURPHY SHARON</u>			
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input checked="" type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other			
Address	<u>1624</u>	Street	<u>N. CENTRAL</u>
Phone	<u>773-679-2613</u>	City	<u>CHGO.</u>
Email:		State:	<u>IL</u>
		Zip Code	<u>60639</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From \_\_\_\_\_  Community Event/At M. Wray

Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, SHARON MURPHY am interested in sending my child(ren), \_\_\_\_\_ to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Sharon  
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: <u>Sala J. Moore</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Molada (Mary Crane)</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Williams, La'Flora</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1851 S. Kedzie</u>	Street: <u>Chicago 60623</u>	Apartment No.: <u>1st floor</u>
Phone:	Street:	City:
Email:	State:	Zip Code:

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  Community Event/At \_\_\_\_\_ Mildred Wiley  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, La'Flora Williams am interested in sending my child(ren), Sala Moore to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

A. Williams  
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: <u>Johnathan Beaton</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Mary Beanie Mollade</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Gooden Tangela</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1016 S. Montrose</u>	Street:	Apartment No.: <u>2E</u>
Phone: <u>773-676-7603</u>	Street: <u>IL</u>	City: <u>CHICAGO</u>
Email:	State:	Zip Code: <u>60604</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other Mildred Wiley

I, Tangela Gooden, am interested in sending my child(ren), Johnathan Beaton to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Dangela Gooden  
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: <u>Maliyah Logan</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Mary Crane Center molade</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Nunez Melissa</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1421 N. Maplewood</u>	Street:	Apartment No.: <u>C</u>
Phone: <u>312.566.4410</u>	Street:	City: <u>Chicago</u>
Email: <u>nunezmelissa7@gmail.com</u>	State:	Zip Code:

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other Mildred Wiley

I, Melissa Nunez, am interested in sending my child(ren), Maliyah Logan to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Melissa Nunez  
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: <u>Jamarion Kelly</u>			
Current Age/Grade: <u>PreK</u>	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Chance After Chance</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Harris, Lisa</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>5958</u>	Street: <u>w. Superior</u>	Apartment No.: <u>217</u>
Phone: <u>773-663-0862</u>	City: <u>Chicago</u>	
Email: <u>lee02lee@yahoo.com</u>	State: <u>Illinois</u>	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other Mulade Care Center

I, Lisa Harris, am interested in sending my child(ren), Melchior Wiley, to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

\_\_\_\_\_  
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: <u>Makiyah Alexandria Myles</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Mary Crane-Molade</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Myles, Melissa</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1571 W. Madison</u>	Street:	Apartment No.:
Phone: <u>312-709-6215</u>	Street:	City: <u>Chicago</u>
Email: <u>Collegebound0913@rocketmail.com</u>	State: <u>IL</u>	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  Community Event/At Melissa Myles  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Melissa Myles, am interested in sending my child(ren), Makiyah Myles to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Melissa E. Myles  
Signature

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### Student(s) Information

Full Student Name: <u>Destiny Monet Banks</u>			
Current Age/Grade: <u>5/K</u>	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name: <u>Cherish Ann Linniah Minor</u>			
Current Age/Grade: <u>2/prek</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input checked="" type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>no/ade</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Banks, Krystal</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>1152 N. Leamington</u>	Street: <u>Leamington St.</u>	Apartment No.: <u>1</u>
Phone: <u>(773) 639-4657</u>	Street:	City: <u>Chicago</u>
Email: <u>Krystalbanks14@gmail</u>	State: <u>ILL</u>	Zip Code: <u>60657</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From \_\_\_\_\_  Community Event/At M/olade

Home Visit/From \_\_\_\_\_  Other Melinda Wilby

I, Krystal Banks, am interested in sending my child(ren), Destiny Banks & Cherish Minor to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Krystal Banks  
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: Curtis T. Westfield			
Current Age/Grade: 6th / 11	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name: Caitlyn B. Thomas			
Current Age/Grade: 8 / 3rd	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name: Courtney N. Thomas			
Current Age/Grade: 4	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input checked="" type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? Mary Crane	

### Parent or Guardian Information

Name (Last, First): Thomas Winda H		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: 1006 N. Leanington	Street:	Apartment No.:
Phone: (773) 213-7738	Street:	City: Chicago
Email: th1273@gmail	State: IL	Zip Code: 60657-2967

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other Child's Daycare

I, Winda H. Thomas, am interested in sending my child(ren), Curtis W, Caitlyn and Courtney I to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Winda H. Thomas 11-21-2013  
Signature

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### Student(s) Information

Full Student Name: <u>Randi/Rashaun Stewart</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Mary Crane / Duke Ellington</u>	

Full Student Name: <u>Rashaun Stewart</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Mary Crane / Duke Ellington</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First):		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> 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 \_\_\_\_\_ Mildred Wiley  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Raven Doyle, am interested in sending my child(ren), Randi/Rashaun to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Raven Doyle  
Signature

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### Student(s) Information

Full Student Name: <u>Julian Spencer Jr.</u>			
Current Age/Grade: <u>3</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>All things ARE Possible For Kids</u>	

Full Student Name: <u>Akira Poindexter</u>			
Current Age/Grade: <u>1</u>	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>All things ARE Possible For Kids</u>	

Full Student Name: <u>N/A</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Cook, Kiara</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>3548 W. Franklin</u>	Street:	Apartment No.: <u>2</u>
Phone: <u>773 968 8827</u>	Street:	City: <u>Chicago</u>
Email: <u>COOKK596@</u>	State: <u>Illinois</u>	Zip Code: <u>60624</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  Community Event/At Maldred Wiley  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Kiara Cook, am interested in sending my child(ren), Julian Spencer and AKIRA Poindexter to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Kiara Cook  
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: <u>Baniya Maureedullah</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name: <u>Shakyla Maureedullah</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input checked="" type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>ROSELIND MILLER</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>221 N</u>	Street: <u>Long</u>	Apartment No.:
Phone: <u>1-773-408-4680</u>	Street:	City: <u>Chicago</u>
Email:	State: <u>IL</u>	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From \_\_\_\_\_  Community Event/At M. Wiley  
 Home Visit/From Gloria Canada  Other \_\_\_\_\_

I, \_\_\_\_\_, am interested in sending my child(ren), \_\_\_\_\_  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Roselind Miller (mw)  
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: <u>AHYANNA TURNER</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name: <u>ARIANNE TURNER</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>SYLVIA TURNER</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1634 N. LARAMIE</u>	Street:	Apartment No.:
Phone: <u>708-545-8795</u>	Street:	City:
Email:	State:	Zip Code:

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  Community Event/At Melinda Wiley  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Sylvia Turner, am interested in sending my child(ren), AHYANNA, ARIANNE to the new Chicago Education Partnership charter school in the Austin Community in fall 2015. TURNER

Sylvia Turner  
Signature

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## LETTER OF INTENT TO ENROLL

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### Student(s) Information

Full Student Name: <u>Jonta Shelton</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name: <u>Jontashia Shelton</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input checked="" type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Barfield Antonette</u>		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>3303</u>	Street: <u>Madison</u>	Apartment No.: <u>303</u>
Phone: <u>773. 495-5969</u>	City:	State:
Email:	Zip Code:	

How did you hear about Chicago Education Partnership?

Word of Mouth/From \_\_\_\_\_  Community Event/At M. Wiley

Home Visit/From Gloria Canada  Other \_\_\_\_\_

I, \_\_\_\_\_, am interested in sending my child(ren), \_\_\_\_\_ to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Antonette Barfield  
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: <u>Jacoby Moore</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name: <u>Neyah Moore</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Moore Brenda</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>30 S</u>	Street: <u>Central</u>	Apartment No.:
Phone: <u>773 263-9714</u>	Street:	City:
Email:	State:	Zip Code:

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  Community Event/At M. Wiley  
 Home Visit/From Gloria Canada  Other \_\_\_\_\_

I, BRENDA Moore, am interested in sending my child(ren), \_\_\_\_\_  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Brenda Moore  
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: <u>Jiovanni Sanchez</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Head Start</u>	

Full Student Name: <u>Jiovanni Sanchez</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Aurora Luna</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>2731 S. Tripp</u>	Street: <u>Tripp</u>	Apartment No.:
Phone: <u>(773) 987-8926</u>	Street:	City: <u>Chicago</u>
Email: <u>happiness2630@gmail.com</u>	State:	Zip Code: <u>IL 60623</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  Community Event/At M. Wilby
- Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Aurora Luna, am interested in sending my child(ren), Jiovanni Sanchez to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Aurora Luna  
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: <u>MARSHAWN WARD</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name: <u>AALIYAH WARD</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>DOMONIQUE WARD (LAST NAME)</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>2227</u>	Street: <u>3. RUDGWAY</u>	Apartment No.: <u>3 FLOOR</u>
Phone: <u>312-307-6355</u>	City:	
Email:	State:	Zip Code:

How did you hear about Chicago Education Partnership?

Word of Mouth/From \_\_\_\_\_  Community Event/At Mildred Wiley

Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, DOMONIQUE WARD, am interested in sending my child(ren), \_\_\_\_\_ to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Domonique Ward  
Signature

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### Student(s) Information

Full Student Name: <u>DONEYAH MARSHAL</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>JACKSON DOMONIQUE</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>4949</u>	Street <u>W. Washington</u>	Apartment No.:
Phone: <u>773-808-6895</u>	Street:	City:
Email:	State:	Zip Code:

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  Community Event/At Mildred Wiley
- Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, DOMONIQUE JACKSON, am interested in sending my child(ren), \_\_\_\_\_ to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Domonique Jackson (ma)  
Signature

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### Student(s) Information

Full Student Name: <u>Elison Canada</u>		
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old <input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what Day Care or Pre-school?

Full Student Name:		
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old <input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?

Full Student Name:		
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old <input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?

### Parent or Guardian Information

Name (Last, First): <u>Carthega Melissa</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>836 S</u>	Street: <u>Homon</u>	Apartment No.:
Phone: <u>1-773-495-8190</u>	Street:	City: <u>Chicago</u>
Email:	State: <u>IL</u>	Zip Code: <u>60624</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From \_\_\_\_\_  Community Event/At \_\_\_\_\_  
 Home Visit/From Glivia Canada  Other M. Wiley

I, MELISSA CARTHEGA, am interested in sending my child(ren), \_\_\_\_\_  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Melissa Carthega (m)  
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: <u>Jim myla Johnson.</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Wright Valerie</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1505 S</u>	Street: <u>Keeler</u>	Apartment No.: <u>1</u>
Phone: <u>773-521-4341</u>	Street:	City: <u>Chicago</u>
Email:	State: <u>IL</u>	Zip Code: <u>60623</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From \_\_\_\_\_  Community Event/At M. W. Day  
 Home Visit/From Gloria Canada  Other \_\_\_\_\_

I, Valerie Wright, am interested in sending my child(ren), \_\_\_\_\_  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Valerie Wright (mo)  
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: <u>Areana White.</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what Day Care or Pre-school?

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?

### Parent or Guardian Information

Name (Last, First): <u>White LaQuana</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>3858 W</u>	Street: <u>Vanburen</u>	Apartment No.: <u>2</u>
Phone: <u>7312-348-0734</u>	Street:	City: <u>Chicago</u>
Email:	State: <u>IL</u>	Zip Code: <u>60624</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  Community Event/At \_\_\_\_\_  
 Home Visit/From Gloria Canada  Other \_\_\_\_\_

I, LaQuana White, am interested in sending my child(ren), \_\_\_\_\_  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

LaQuana White (mrs)  
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: <u>Trinae Barfield</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what Day Care or Pre-school?

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?

### Parent or Guardian Information

Name (Last, First): <u>Barfield Tracy</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>3347 W</u>	Street: <u>Madison</u>	Apartment No.: <u>201</u>
Phone: <u>773-499-2476</u>	Street:	City: <u>Chicago</u>
Email:	State:	Zip Code: <u>60624</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From \_\_\_\_\_  Community Event/At \_\_\_\_\_  
 Home Visit/From Gloria Canada  Other \_\_\_\_\_

I, TRACY BARFIELD, am interested in sending my child(ren), \_\_\_\_\_ to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Tracy Barfield (ms)  
 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: <u>Katajan Wilson</u>			
Current Age/Grade: <u>4</u>	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Billup Erica</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>3447 W</u>	Street: <u>Carroll</u>	Apartment No.: <u>14</u>
Phone: <u>773 899-8019</u>	Street:	City:
Email:	State:	Zip Code:

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  Community Event/At Mindy  
 Home Visit/From Adria Canale  Other \_\_\_\_\_

I, ERICA Billup, am interested in sending my child(ren), \_\_\_\_\_  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Erica Billup (m)  
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

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: <u>Imidad Bram</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Davidson, Monica</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>12345 tray</u>	Street: <u>tray</u>	Apartment No.: <u>2</u>
Phone:	Street:	City: <u>Chicago IL</u>
Email:	State:	Zip Code: <u>60623</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From \_\_\_\_\_  Community Event/At \_\_\_\_\_

Home Visit/From Aurora Luna  Other \_\_\_\_\_

I, \_\_\_\_\_, am interested in sending my child(ren), \_\_\_\_\_ to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Monica Davidson  
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:

# Chicago Education Partnership<sup>SM</sup>

A Tuition-Free Public Charter School

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### Student(s) Information

Full Student Name: <u>Trinity Weatherall</u>			
Current Age/Grade: <u>3 - preschool</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Channing</u>		

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?		

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?		

### Parent or Guardian Information

Name (Last, First): <u>Davis, Maralda</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1441 N.</u>	Street: <u>Monitor</u>	Apartment No.:
Phone: <u>773-622-5648</u>	Street:	City: <u>Chicago</u>
Email:	State: <u>IL</u>	Zip Code: <u>60657</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Maralda Davis, am interested in sending my child(ren), Trinity to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Maralda Davis  
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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A Tuition-Free Public Charter School

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### Student(s) Information

Full Student Name: <u>Byron Auterberry</u>			
Current Age/Grade: <u>Kindergarten 5</u>	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input checked="" type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Ella Stage Young</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Auterberry, Rosie</u>		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input checked="" type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1235 N.</u>	Street: <u>Waller</u>	Apartment No.:
Phone: <u>773-565-8345</u>	City: <u>Chicago</u>	
Email:	State: <u>IL</u>	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Rosie Auterberry, am interested in sending my child(ren), Byron  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015!

Rosie Auterberry  
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)

cepfedback@gmail.com

Facebook.com\CEPCharterSchool

www.chicagoedpartners.org

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### Student(s) Information

Full Student Name: <u>Zaniya Barrett</u>			
Current Age/Grade: <u>Preschool</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Channing</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Barrett, Deja</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1146 N. Parkside</u>	Street:	Apartment No.: <u>2</u>
Phone: <u>773.556.1866</u>	Street:	City: <u>Chicago</u>
Email: <u>no</u>	State:	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Deja Barrett, am interested in sending my child(ren), Zaniya Barrett  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Deja Barrett  
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: <u>Aiden Batson</u>			
Current Age/Grade: <u>Preschool</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Channing</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Miles, Bianca</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>5507 W. Hadden</u>	Street: <u>Hadden</u>	Apartment No.:
Phone: <u>773-413-7124</u>	Street:	City: <u>Chicago</u>
Email:	State:	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Bianca Miles, am interested in sending my child(ren), Aiden Batson  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Bianca Miles  
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: <u>Keith Brown</u>			
Current Age/Grade: <u>3</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Charming Academy</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Williams, Kimyada</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1515 N Central</u>	Street:	Apartment No.: <u>2</u>
Phone:	Street:	City: <u>Chicago</u>
Email:	State: <u>Illinois</u>	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Kimyada Williams, am interested in sending my child(ren), Keith Brown  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Kimyada Williams  
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: <u>Aubree Cokers</u>			
Current Age/Grade: <u>preschool</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Channing</u>		

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?		

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?		

### Parent or Guardian Information

Name (Last, First): <u>Cokers April</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>5425 W Thomas</u>	Street:	Apartment No.:
Phone:	Street:	City: <u>Chicago</u>
Email:	State: <u>Ill.</u>	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, April Cokers, am interested in sending my child(ren), Aubree  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

April Cokers  
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: <u>MEKHI DUNBAR</u>			
Current Age/Grade: <u>4</u>	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input checked="" type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>LOVETTE ELEMENTARY</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Williams, Antonio</u>		
Relationship: <input type="checkbox"/> Mother <input checked="" type="checkbox"/> Father <input checked="" type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1836 N.</u>	Street: <u>MONITOR AVE.</u>	Apartment No.: <u>101 FLR.</u>
Phone: <u>773-889-6258</u>	City: <u>CHICAGO</u>	
Email:	State: <u>IL</u>	Zip Code: <u>60639</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From MARGARET JOHNSON  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Antonio Williams, am interested in sending my child(ren), Mekhi  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Antonio Williams

Signature

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### Student(s) Information

Full Student Name: <u>Javeon Ellis</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Channin's</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Ramsey, Latanya</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>1119 N</u>	Street: <u>La Claire</u>	Apartment No.: <u>1st Flr</u>
Phone:	City: <u>Chicago</u>	
Email:	State: <u>IL</u>	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Latanya Ramsey, am interested in sending my child(ren), Javeon Ellis  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Latanya C. Ramsey  
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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cepfeedback@gmail.com

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### Student(s) Information

Full Student Name: <u>Jhordyn Evans</u>			
Current Age/Grade: <u>Preschool 3</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Channing</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Watkins, Kamika</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1752 N. McVicker</u>	Street:	Apartment No.:
Phone: <u>708) 522-8313 (cell)</u>	Street:	City: <u>Chicago</u>
Email:	State: <u>IL</u>	Zip Code: <u>60639</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Kamika Watkins, am interested in sending my child(ren), Jhordyn  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Kamika Watkins  
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: <u>Sydney Freeman</u>			
Current Age/Grade: <u>preschool</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Walker, Sharhonda</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>319 S.</u>	Street: <u>Lauderdale</u>	Apartment No.:
Phone: <u>(773) 243-6964</u>	City: <u>Chicago</u>	Zip Code: <u>60644</u>
Email:	State:	

How did you hear about Chicago Education Partnership?

Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Sharhonda Walker, am interested in sending my child(ren), Sydney  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Sharhonda Walker  
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)

cepfedback@gmail.com

Facebook.com\CEPCharterSchool

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### Student(s) Information

Full Student Name: <u>Ameir Gaston</u>			
Current Age/Grade: <u>Preschool</u>	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Channing</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Osborne, Charlotte</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1215 N.</u>	Street: <u>Parkside</u>	Apartment No.: <u>Basement</u>
Phone: <u>312-465-0578</u>	Street:	City:
Email:	State: <u>IL</u>	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Charlotte Osborne am interested in sending my child(ren), Ameir Gaston to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Charlotte Osborne  
 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: <u>Devin Grant</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Channing</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Grant, Guiana</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>5157 W</u>	Street: <u>St. Paul Ave.</u>	Apartment No.:
Phone: <u>773.237-7564</u>	Street:	City: <u>Chicago</u>
Email: <u>Guiana232003@yahoo.com</u>	State: <u>IL</u>	Zip Code: <u>60639</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Guiana Grant, am interested in sending my child(ren), Devin Grant to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Guiana Campbell-Grant  
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: <u>Juliette Harris</u>			
Current Age/Grade: <u>3 preschool</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Harris, Stephanie</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>3909 N.</u>	Street: <u>Cumberland</u>	Apartment No.:
Phone: <u>(773) 673-7490</u>	Street:	City: <u>Chicago</u>
Email:	State: <u>IL</u>	Zip Code: <u>60634</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Stephanie Harris, am interested in sending my child(ren), Juliette  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Stephanie Harris  
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: <u>Neveah Hearan</u>			
Current Age/Grade: <u>4 preschool</u>	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Channing</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Dominique Hearan</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1457 N. Mayfield</u>	Street:	Apartment No.:
Phone: <u>773-622-1236</u>	Street:	City: <u>Chicago</u>
Email:	State: <u>Illinois</u>	Zip Code: <u>606</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Dominique Hearan, am interested in sending my child(ren), Neveah  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Dominique Hearan  
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: <u>Kourtney Hodges</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name: <u>Sydney Hodges</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Young, Shani</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>3417 W.</u>	Street: <u>Flournoy</u>	Apartment No.:
Phone/Cell <u>(773) 354-9193</u>	Street:	City: <u>Chicago</u>
Email:	State: <u>IL</u>	Zip Code: <u>60624</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Shani Young, am interested in sending my child(ren), Kourtney & Sydney Hodges to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Shani Young  
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: <u>Ania Jackson</u>			
Current Age/Grade: <u>3</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Channing Childcare</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Jackson, Anika</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>5409 W. Kameading</u>	Street:	Apartment No.: <u>N/A</u>
Phone: <u>773 965 4168</u>	Street:	City: <u>Chicago</u>
Email: <u>anika.nmolyahiv.com</u>	State: <u>ILLINOIS</u>	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Anika Jackson, am interested in sending my child(ren), Ania Jackson to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Anika Jackson  
 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: <u>Capone Jackson</u>			
Current Age/Grade: <u>Preschool</u>	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Dukes Starnisha</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1000 N.</u>	Street: <u>Latrobe Ave.</u>	Apartment No.:
Phone: <u>773.289-6228</u>	City: <u>Chicago</u>	State: <u>IL</u>
Email:	Zip Code: <u>60651</u>	

How did you hear about Chicago Education Partnership?

Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Starnisha Dukes, am interested in sending my child(ren), Capone  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Starnisha Dukes  
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: <u>Amariyah Johnson</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Charming</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Aysha Clayton</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>1420 N. Mason</u>	Street:	Apartment No.:
Phone:	Street:	City: <u>Chicago</u>
Email:	State: <u>IL</u>	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Aysha Clayton, am interested in sending my child(ren), Amariyah  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Aysha Clayton  
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: <u>Taylor Roni Keith</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input checked="" type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Channings</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First) <u>Coaster-Keith, Tamaraw</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>905 S. Oak Park Ave</u>	Street:	Apartment No. <u>2</u>
Phone: <u>773.317.3567</u>	Street:	City: <u>Oak Park</u>
Email: <u>tcoaster@hotmail.com</u>	State: <u>Illinois</u>	Zip Code: <u>60304</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Tamaraw Coaster Keith, am interested in sending my child(ren), Taylor Roni Keith to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Tamaraw Coaster Keith  
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: <u>Robynn Knight</u>		
Current Age/Grade: <u>Preschool</u>	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Charming's</u>

Full Student Name:		
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?

Full Student Name:		
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?

### Parent or Guardian Information

Name (Last, First): <u>Tiffini McPherson</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1022 N.</u>	Street: <u>Menard</u>	Apartment No.: <u>B</u>
Phone:	Street:	City: <u>Chicago</u>
Email:	State: <u>IL</u>	Zip Code: <u>6065</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Tiffini McPherson, am interested in sending my child(ren), Robynn Knight to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Tiffini McPherson  
 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: <u>Christa Lawson</u>			
Current Age/Grade: <u>4 PreK</u>	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input checked="" type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>St. Angela</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Lawson, Dawud</u>		
Relationship: <input type="checkbox"/> Mother <input checked="" type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>958 N. Massasoit</u>	Street:	Apartment No.:
Phone: <u>773-621-2497</u>	Street:	City: <u>Chicago</u>
Email: <u>da3udic@gmail.com</u>	State: <u>IL</u>	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Dawud Lawson, am interested in sending my child(ren), Christa  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Dawud Lawson  
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: <u>Jared Mainor</u>			
Current Age/Grade: <u>preschool 3</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Channing</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Mainor, Jennifer</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1835 N. Lotus</u>	Street: <u>Lotus</u>	Apartment No.: <u>2</u>
Phone: <u>773 733-9910</u>	Street:	City:
Email:	State: <u>Illinois</u>	Zip Code: <u>606</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Jennifer Mainor, am interested in sending my child(ren), Jared  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Jennifer Mainor  
Signature

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### Student(s) Information

Full Student Name: Zahara McClain			
Current Age/Grade: age 5	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name: Kemistry McClain			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): McClain Sr. Joel		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input checked="" type="checkbox"/> Other Grandfather		
Address: 35 N. Austin	Street: Chgo. IL. 60644	Apartment No.:
Phone: (773) 626-6887	Street:	City:
Email: joemac3514@live.com	State: Illinois	Zip Code: 60644

How did you hear about Chicago Education Partnership?

Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Joel McClain, am interested in sending my child(ren), \_\_\_\_\_  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Joel McClain Sr.  
Signature

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### Student(s) Information

Full Student Name: <u>Amy Melendez</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Brunson</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Rosa Rivas</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>5918</u>	Street: <u>W ERIE</u>	Apartment No.: <u>1 Flr</u>
Phone: <u>773-272-6662</u>	Street:	City: <u>Chicago</u>
Email:	State: <u>IL</u>	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Rosa Rivas, am interested in sending my child(ren), Amy  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Rosa Rivas

Signature

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### Student(s) Information

Full Student Name: <u>Malik Nocentelli</u>			
Current Age/Grade: <u>Pre-school</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Nocentelli, Tevida</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>3819 W.</u>	Street: <u>Concord</u>	Apartment No.:
Phone: <u>773) 969-7967</u>	Street:	City:
Email: <u>(none)</u>	State: <u>Illinois</u>	Zip Code: <u>606</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Tevida Nocentelli, am interested in sending my child(ren), Malik Nocentelli to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Nocentelli  
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: <b>MECCA NOCENTELLI</b>			
Current Age/Grade: <b>Pre-school</b>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <b>Channings</b>		

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?		

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?		

### Parent or Guardian Information

Name (Last, First): <b>Nocentelli, Tevda</b>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <b>3819 W.</b>	Street: <b>Concord</b>	Apartment No.:
Phone: <b>773) 969-7967</b>	City:	
Email: <b>(none)</b>	State: <b>Illinois</b>	Zip Code: <b>606</b>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From **Margaret Johnson**  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, **Tevda Nocentelli**, am interested in sending my child(ren), **Mecca Nocentelli**, to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

**Nocentelli**  
Signature

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### Student(s) Information

Full Student Name: <u>Amauri Reed</u>			
Current Age/Grade: <u>Kindergarten</u>	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>plato</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Shilon Battles</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>1255 N. Mason</u>	Street:	Apartment No.:
Phone:	Street:	City: <u>Chicago</u>
Email: <u>Shilon.Battles12@gmail.com</u>	State: <u>IL</u>	Zip Code: <u>60657</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Shilon Battles, am interested in sending my child(ren), Amauri,  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Shilon Battles  
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: <u>Regganea Riley</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Johnson, Nakeia</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>5425 W</u>	Street: <u>Hirsch</u>	Apartment No.:
Phone: <u>773-556-2579</u>	Street:	City: <u>Chicago</u>
Email: <u>nakeia-johnson@yahoo.com</u>	State: <u>IL</u>	Zip Code: <u>60657</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Nakeia Johnson, am interested in sending my child(ren), Regganea Riley to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Nakeia Johnson  
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: <u>Breana Spencer</u>			
Current Age/Grade: <u>K/1yr</u>	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>N/A</u>	

Full Student Name: <u>Serenity Spencer</u>			
Current Age/Grade: <u>3/Pre-K</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input checked="" type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>St. Angelas</u>	

Full Student Name: _____			
Current Age/Grade: _____	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? _____	

### Parent or Guardian Information

Name (Last, First): <u>Jenkins, Melissa</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1742 N. Lorel</u>	Street: _____	Apartment No.: <u>2</u>
Phone: <u>773 766-0322</u>	Street: _____	City: <u>Chicago</u>
Email: <u>melissajenkins43@gmail.com</u>	State: <u>IL</u>	Zip Code: <u>60639</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Melissa Jenkins, am interested in sending my child(ren), above to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Melissa Jenkins  
 \_\_\_\_\_  
 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: <u>Taylor, Angel Sherrod</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Channing</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Taylor, Tawanda</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1128 N. Menard</u>	Street:	Apartment No.:
Phone: <u>(630) 398-6195</u>	Street:	City: <u>Chicago</u>
Email: <u>TawandaTaylor81@yahoo.com</u>	State: <u>IL</u>	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Tawanda Taylor, am interested in sending my child(ren), Angel Sherrod Taylor to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Tawanda Taylor  
 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: <u>Michael Thomas</u>			
Current Age/Grade: <u>Kindergarten 5</u>	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Brunson</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Davis, Jennika</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>751 N.</u>	Street: <u>Central</u>	Apartment No.: <u>2B</u>
Phone:	Street:	City: <u>Chicago</u>
Email: <u>JennikaDavis@yahoo.com</u>	State: <u>IL</u>	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Jennika Davis, am interested in sending my child(ren), Michael Thomas to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Signature Jennika Davis

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### Student(s) Information

Full Student Name: <u>KYAN A THOMAS</u>			
Current Age/Grade: <u>Preschool</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Channings</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>LEMMARK THOMAS</u>		
Relationship: <input type="checkbox"/> Mother <input checked="" type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>5516 W</u>	Street: <u>NORTH AVE</u>	Apartment No.:
Phone: <u>872.213.6056</u>	Street:	City: <u>CHICAGO</u>
Email:	State: <u>IL</u>	Zip Code: <u>60639</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Lemmar Thomas, am interested in sending my child(ren), Ryan Thomas to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Lemmar Thomas  
Signature

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### Student(s) Information

Full Student Name: <u>Maliyah Williams</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input checked="" type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Ellie Flagg Young</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Williams Courtney</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>1830 N. Cony Chicago, IL</u>	Street:	Apartment No: <u>2nd</u>
Phone: <u>312-342-4230</u>	Street:	City:
Email: <u>cwilliams@22709@gmail</u>	State:	Zip Code:

How did you hear about Chicago Education Partnership?

Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Courtney Williams, am interested in sending my child(ren), Maliyah Williams to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Courtney Williams  
Signature

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### Student(s) Information

Full Student Name: <u>Emily Springer</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Springer, Melissa</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>4907</u>	Street: <u>W Lexington</u>	Apartment No.:
Phone:	Street:	City: <u>Chicago</u>
Email:	State: <u>Illinois</u>	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Melissa Springer, am interested in sending my child(ren), \_\_\_\_\_  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Melissa Springer  
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: <u>Syriah Taylor</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Taylor, Cherrill</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>954 N.</u>	Street: <u>Laverne</u>	Apartment No.:
Phone: <u>708.965.0921</u>	City: <u>Chicago</u>	
Email:	State: <u>IL</u>	Zip Code: <u>60657</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Cherrill Taylor, am interested in sending my child(ren), Syriah  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Cherrill Taylor  
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: <u>Jaharie Tooley</u>			
Current Age/Grade: <u>4</u>	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Channings</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Tooley, Jasmine</u>		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>5015 W</u>	Street: <u>Huron</u>	Apartment No.:
Phone: <u>773-999-5775</u>	City: <u>Chicago</u>	State:
Email:	State: <u>IL</u>	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Jasmine Tooley, am interested in sending my child(ren), Jaharie Tooley, to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Jasmine Tooley  
Signature

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### Student(s) Information

Full Student Name: <u>Janiya A. Jackson</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Marion Young Home Day Care</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Bennett Searrow</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>4626</u>	Street: <u>W. Erie</u>	Apartment No.:
Phone: <u>(773) 287-7459</u>	Street: <u>4626 W. Erie</u>	City: <u>Chicago</u>
Email: <u>Searrowbennett@gmail.com</u>	State: <u>Illinois</u>	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Marion Young  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Searrow A. Bennett, am interested in sending my child(ren), Janiya A. Jackson, to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Searrow A. Bennett  
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: <u>Jalayah Davis</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Marion Young Home Daycare</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Davis, Nicole</u>		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input checked="" type="checkbox"/> Other <u>Grandmother</u>		
Address: <u>4730 W. <del>Race</del></u>	Street: <u>RACE AVE</u>	Apartment No.: <u>1</u>
Phone: <u>312-320-9495</u>	Street: <u>4730 W. Race Ave</u>	City: <u>CHICAGO</u>
Email: <u>Nicole3davis@yahoo.com</u>	State: <u>ILLINOIS</u>	Zip Code: <u>60648</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Marion Young  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Nicole Davis, am interested in sending my child(ren), Jalayah Davis to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Nicole Davis  
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: <u>Michael</u>			
Current Age/Grade: <u>3</u>	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Gladney, Priness</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1537 W. Van Buren</u>	Street:	Apartment No.:
Phone:	Street:	City: <u>Bellwood</u>
Email:	State:	Zip Code: <u>60104</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Dollie Sherman  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, \_\_\_\_\_, am interested in sending my child(ren), \_\_\_\_\_  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Priness Gladney  
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: <u>Xavier Coleman</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name: <u>Kenyell Hare</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Hare, Claudette</u>		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input checked="" type="checkbox"/> Other <u>Grandmother</u>		
Address	Street: <u>6 North Hamlin</u>	Apartment No.: <u>110</u>
Phone: <u>(773) 786-6159</u>	Street:	City:
Email: <u>Claudette.hare@yahoo.com</u>	State:	Zip Code:

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  Community Event/At By the hands Club  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Claudette Hare, am interested in sending my child(ren), \_\_\_\_\_  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Claudette Hare  
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: <u>Tyler George Britt</u>			
Current Age/Grade: <u>3</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Fresh Start Daycare</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Britt, Kellie</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>4338 W. 21<sup>st</sup></u>	Street: <u>21<sup>st</sup></u>	Apartment No.:
Phone: <u>630-570-1323</u>	Street:	City:
Email: <u>Kellie2081@yahoo.com</u>	State:	Zip Code:

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Kellie L. Britt, am interested in sending my child(ren), Tyler G. Britt to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Kellie L. Britt  
 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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# Chicago Education Partnership<sup>SM</sup>

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## LETTER OF INTENT TO ENROLL

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### Student(s) Information

Full Student Name: <u>Elgin Manson</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>West Austin</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Manson Tracy</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>561 N. Lockwood</u>	Street:	Apartment No.: <u>2</u>
Phone: <u>(773) 626-4370</u>	Street: <u>(773) 458-6162</u>	City: <u>Chicago</u>
Email: <u>tracymanson14@yahoo.com</u>	State: <u>IL</u>	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Tracy Manson, am interested in sending my child(ren), Elgin Manson to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Tracy Manson  
Signature

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A Tuition-Free Public Charter School

*McKinney's  
E.L.A.*

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### Student(s) Information

Full Student Name: <u>Ke'monte Gaiter</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Spencer Academy</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Gaiter Shavette</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1124 W. Leckie</u>	Street:	Apartment No.:
Phone: <u>773-668-5724</u>	Street:	City: <u>Chicago</u>
Email: <u>shadlevyone@yahoo.com</u>	State: <u>IL</u>	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other McKinney's Early Learning Academy

I, Shavette Gaiter, am interested in sending my child(ren), Ke'monte Gaiter to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Shavette Gaiter  
Signature

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# Chicago Education Partnership <sup>SM</sup> McKinney's

A Tuition-Free Public Charter School *Early Learning Academy*

## LETTER OF INTENT TO ENROLL

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### Student(s) Information

Full Student Name: <i>Malaila Byrd</i>			
Current Age/Grade: <i>4</i>	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name: <i>Makayla Hollins Byrd</i>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <i>Byrd, Michelle</i>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <i>1237 N</i>	Street: <i>N Harding</i>	Apartment No.: <i>2</i>
Phone: <i>(773) 236-9359</i>	City: <i>Chicago</i>	
Email: <i>chelly76876@yahoo.com</i>	State: <i>IL</i>	Zip Code: <i>60657</i>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From *Mrs. McKinney's Daycare*  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, *Michelle Byrd*, am interested in sending my child(ren), *Malaila & Makayla* to the new Chicago Education Partnership charter school in the Austin Community in fall 2015. *Byrd*

*Michelle Byrd*  
Signature

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### Student(s) Information

Full Student Name: <u>Shayla Davis</u>			
Current Age/Grade: <u>Preschool</u>	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Channing</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Davis, Linyell</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>183 N.</u>	Street: <u>Leamington</u>	Apartment No.:
Phone: <u>773-261-0348</u>	Street:	City: <u>Chicago</u>
Email:	State: <u>IL</u>	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_
  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_
  Other \_\_\_\_\_

I, Linyell Davis, am interested in sending my child(ren), Shayla Davis to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Linyell Davis  
Signature

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### Student(s) Information

Full Student Name: <u>Tyler Ellis</u>			
Current Age/Grade: <u>4 Preschool</u>	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Channing</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Hughes, Candice</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>1457 N.</u>	Street: <u>Lockwood</u>	Apartment No.:
Phone:	Street:	City: <u>Chicago</u>
Email:	State: <u>IL</u>	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Mo  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Candice Hughes, am interested in sending my child(ren), Tyler Ellis  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Candice Hughes  
Signature

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### Student(s) Information

Full Student Name: <u>Darrell Hayes</u>			
Current Age/Grade: <u>4-presch</u>	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Channing's</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Climons, Jasmine</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>2920 S.</u>	Street: <u>State St.</u>	Apartment No.:
Phone: <u>773 676 5759</u>	Street:	City: <u>Chicago</u>
Email:	State: <u>IL</u>	Zip Code: <u>60616</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Jasmine Climons, am interested in sending my child(ren), Darrell Hayes to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Signature Jasmine Climons

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### Student(s) Information

Full Student Name: <u>Jacques Dye</u>			
Current Age/Grade: <u>4 - preschool</u>	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Charming</u>		

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?		

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?		

### Parent or Guardian Information

Name (Last, First): <u>Dominique Dye</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address	Street:	Apartment No.:
Phone:	Street:	City: <u>Chicago</u>
Email:	State: <u>IL</u>	Zip Code:

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Dominique Dye, am interested in sending my child(ren), Jacques Dye  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

\_\_\_\_\_  
Signature Dominique Dye

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### Student(s) Information

Full Student Name: <u>Madison Kelley</u>			
Current Age/Grade: <u>Preschool</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Channings</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Wells, Taneshia</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1257 N.</u>	Street: <u>Mason</u>	Apartment No.:
Phone: <u>773-417-2286</u>	Street:	City: <u>Chicago</u>
Email:	State:	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Taneshia Wells, am interested in sending my child(ren), Madison Kelley to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Taneshia Wells  
Signature

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### Student(s) Information

Full Student Name: <u>Jeremiah West</u>			
Current Age/Grade: <u>4</u>	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Channing</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>West, Melisa</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1636 N. Laramie</u>	Street:	Apartment No.:
Phone: <u>773-889-0026</u>	Street:	City:
Email:	State:	Zip Code:

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Rob Kent  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Melisa West, am interested in sending my child(ren), Jeremiah West to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Melisa West  
Signature

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### Student(s) Information

Full Student Name: <u>Levella Tray II</u>			
Current Age/Grade: <u>3</u>	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name: <u>Kennedy Tray</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First):		
Relationship: <input type="checkbox"/> Mother <input checked="" type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>1648 N North</u>	Street:	Apartment No.:
Phone: <u>773-793-2249</u>	Street:	City: <u>Chgo</u>
Email:	State:	Zip Code: <u>60707</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Ruth Kentel  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Levella Tray, am interested in sending my child(ren), Levella & Kennedy to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Levella Tray  
Signature

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# Education

*4 Year-Old Public Charter School*

## LETTER OF INTENT TO ENROLL

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### Student(s) Information

Full Student Name: <u>Destiny Bailey</u>			
Current Age/Grade: <u>5</u>	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input checked="" type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Hill, Sam</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>2325 S. 23<sup>rd</sup> Ave</u>	Street:	Apartment No.:
Phone: <u>(708) 692-7574</u>	Street:	City:
Email:	State:	Zip Code:

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Quetta Kemble  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Sam Hill, am interested in sending my child(ren), Destiny Bailey to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Sam Hill  
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: <u>Naomi Carr</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input checked="" type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Nana's House Home Daycare</u>	

Full Student Name: <u>Naomi Loreal Carr</u>			
Current Age/Grade: <u>Pre</u>	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Channings Preschool</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Carr, Danyada</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1633 N.</u>	Street: <u>Keystone Ave</u>	Apartment No.: <u>#2</u>
Phone: <u>(773) 459 5279</u>	Street:	City:
Email: <u>danniec83@aol.com</u>	State: <u>IL</u>	Zip Code: <u>60639</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Merle Robertson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Danyada L. Carr, am interested in sending my child(ren), Naomi Carr to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Danyada R. Carr  
Signature

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### Student(s) Information

Full Student Name: <u>Secquoyah Henderson</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input checked="" type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name: <u>Secquoyah</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First):		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address	Street:	Apartment No.:
Phone:	Street:	City:
Email:	State:	Zip Code:

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Barbara Daves  Community Event/At Anstin network  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Bertrney Montgomery am interested in sending my child(ren), \_\_\_\_\_  
to the new Chicago Education Partnership charter school in the Anstin Community in fall 2015.

Bertrney Montgomery  
Signature

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### Student(s) Information

Full Student Name: <u>Gabrielle Martin</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Nana's House Home Daycare</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Jimerson, Latreese</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>5321</u>	Street: <u>W. Lemoyne</u>	Apartment No.: <u>1</u>
Phone: <u>708-928-3694</u>	Street:	City: <u>Chicago</u>
Email: <u>latreesej@ymail.com</u>	State: <u>IL</u>	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Merle Robertson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Latreese Jimerson, am interested in sending my child(ren), Gabrielle Martin to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Latreese Jimerson  
Signature

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### Student(s) Information

Full Student Name: <u>Tia Hardiman</u>			
Current Age/Grade: <u>3</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Nana's House Home Daycare</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> + years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

* Name (Last, First): <u>MARIO HARZIMAN</u>		
Relationship: <input type="checkbox"/> Mother <input checked="" type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>5017 W. Gladys</u>	Street:	Apartment No.:
Phone: <u>773-426-8877</u>	Street:	City:
Email: <u>CHARMAING.ALFREDO@sbcschools.net</u>	State:	Zip Code:

How did you hear about Chicago Education Partnership?

Word of Mouth/From Merle Robertson  Community Event/At \_\_\_\_\_

Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, MARIO HARZIMAN, am interested in sending my child(ren), Tia Hardiman to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Mario Harzman  
Signature

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### Student(s) Information

Full Student Name: <u>Jamari Terrell Stackhouse</u>			
Current Age/Grade: <u>3</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Stackhouse, Jatone</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1401 N. Lotus</u>	Street: <u>1401 N. Lotus</u>	Apartment No.:
Phone: <u>773-836-7063</u>	Street:	City: <u>Chicago</u>
Email: <u>JatoneStackhouse@gmail.com</u>	State: <u>IL</u>	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Beverly Watson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Jatone Stackhouse, am interested in sending my child(ren), Jamari Stackhouse to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Jatone Stackhouse  
Signature

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### Student(s) Information

Full Student Name: <u>Antonio Steele</u>			
Current Age/Grade: <u>4</u>	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input checked="" type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Spencer Elementary School</u>	

Full Student Name: <u>Aaliyah Steele</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input checked="" type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Spencer Elem. School</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Simmons, Melissa</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1125 S.</u>	Street: <u>Troy St.</u>	Apartment No.: <u>1F</u>
Phone: <u>(312) 709-2407</u>	Street:	City: <u>Chicago</u>
Email: <u>m.simmons@simonlaw.net</u>	State: <u>IL</u>	Zip Code: <u>60612</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Beverly Watson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Melissa Simmons, am interested in sending my child(ren), Antonio Steele + Aaliyah Steele to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Melissa Simmons  
 \_\_\_\_\_  
 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: <u>Tyrell McClain</u>			
Current Age/Grade: <u>4</u>	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>McClain JoAnn</u>		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input checked="" type="checkbox"/> Other <u>Grandmother</u>		
Address: <u>1134 S. Mason</u>	Street:	Apartment No.:
Phone: <u>(312) 813-9076</u>	Street:	City: <u>Chgo.</u>
Email:	State: <u>IL</u>	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Ruth Kember  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, JoAnn McClain, am interested in sending my child(ren), Tyrell  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

JoAnn McClain  
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: <u>TERRELL MCCLAIN</u>			
Current Age/Grade: <u>4</u>	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>MCCLAIN, JOANN</u>		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input checked="" type="checkbox"/> Other <u>GRANDMOTHER</u>		
Address: <u>1134 S MASON</u>	Street:	Apartment No.:
Phone:	Street:	City: <u>CHICAGO</u>
Email:	State:	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Ruth Kurbel  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, JOANN MCCLAIN, am interested in sending my child(ren), TERRELL  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Joann McClain  
Signature

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### Student(s) Information

Full Student Name: <u>Leshaun Brown</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name: <u>Channing Brown</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First):		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>Leshaun Brown</u>	Street: <u>1648 Natchez</u>	Apartment No.:
Phone: <u>773 637-7621</u>	Street:	City:
Email:	State:	Zip Code:

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Cassandra Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Leshaun Brown, am interested in sending my child(ren), Quelara & Channing to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Leshaun Brown  
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: <u>Keren Parker</u>			
Current Age/Grade: <u>4</u>	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name: <u>Kaitlyn Parker</u>			
Current Age/Grade: <u>3</u>	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Shanel Parker</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>7040 N Laramington</u>	Street:	Apartment No.:
Phone: <u>773 378 0004</u>	Street:	City:
Email:	State:	Zip Code:

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Ruth Hembel  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Shanel Parker, am interested in sending my child(ren), Keren + Kaitlyn to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Shanel Parker  
Signature

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### Student(s) Information

Full Student Name: <u>Kamauri M.J. Jones</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Marion Young Home Daycare</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Jones, Sheena</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>5097</u>	Street: <u>W. Gladys</u>	Apartment No.: <u>unit B</u>
Phone: <u>(773) 399-6934</u>	Street: <u>5097 W. Gladys</u>	City: <u>Chicago</u>
Email: <u>SheenaJones610@yahoo.com</u>	State: <u>Illinois</u>	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Marion Young  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Sheena Jones, am interested in sending my child(ren), Kamauri Jones to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Sheena Jones  
 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

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### Student(s) Information

Full Student Name: <u>Jamar Bonner</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Marion Young Home Daycare</u>	

Full Student Name: <u>Stevyn Bonner</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input checked="" type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Marion Young Home Daycare</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Bonner, Jaguana</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>4817</u>	Street: <u>W. Cortez</u>	Apartment No.: <u>2A</u>
Phone: <u>(773) 600-9837</u>	Street:	City: <u>Chicago</u>
Email: <u>N/A</u>	State: <u>Illinois</u>	Zip Code: <u>60659</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Marion Young Home Daycare  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Jaguana Bonner, am interested in sending my child(ren), Jamar + Stevyn to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Jaguana Bonner  
Signature

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### Student(s) Information

Full Student Name: <u>Alasia Tribble</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Marion Young Home Daycare</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Tribble, Samara</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>4711</u>	Street: <u>W. Ohio</u>	Apartment No.:
Phone: <u>(773) 512-0416</u>	Street:	City: <u>Chicago</u>
Email:	State: <u>ILLINOIS</u>	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Marion Young Home Daycare  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Samara Tribble, am interested in sending my child(ren), Alasia Tribble  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Samara Tribble  
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: <u>Nevaeh Hill</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Marion Young Home Daycare</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Mayfield Tiffani</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>H710</u>	Street: <u>W. Fulton</u>	Apartment No.:
Phone: <u>773/ 932-3609</u>	City: <u>Chicago</u>	State:
Email:	State: <u>Illinois</u>	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Marion Young Home Daycare  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Tiffani Mayfield, am interested in sending my child(ren), Nevaeh Hill to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Tiffani Mayfield  
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: <u>Jamese R. Battle</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Young's Home Daycare Marion</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Young, Khalela</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>7712 s. Marshfield</u>	Street:	Apartment No.: <u>—</u>
Phone: <u>(773) 931-9932</u>	Street:	City: <u>Chicago</u>
Email: <u>Khalelayoung@yahoo.com</u>	State: <u>IL</u>	Zip Code: <u>60620</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Marion Young Home Daycare  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other Young's Home Daycare

I, Khalela Young, am interested in sending my child(ren), Jamese Battle to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Signature 

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### Student(s) Information

Full Student Name: <u>Quanell Hampton</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Marion Young Home Daycare</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Gooden, Ya Quavia</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1100</u>	Street: <u>Nicholes Lanes</u>	Apartment No.:
Phone: <u>708/261-1769</u>	Street:	City: <u>Maywood</u>
Email:	State: <u>Illinois</u>	Zip Code: <u>60153</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Marion Young Home Daycare  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Ya Quavia Gooden, am interested in sending my child(ren), Quanell Hampton to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Ya Quavia Gooden  
 Signature

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### Student(s) Information

Full Student Name: <u>Journey Williams</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Marion Young Home Daycare</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>J Williams, Jasmine</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1836 W</u>	Street: <u>Kenilworth Ave</u>	Apartment No.:
Phone: <u>708/513-5490</u>	Street:	City: <u>Berwyn</u>
Email:	State: <u>ILL</u>	Zip Code: <u>60402</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Marion Young Home Daycare  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Jasmine Williams, am interested in sending my child(ren), Journey Williams to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Jasmine Williams  
Signature

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### Student(s) Information

Full Student Name: <u>Kourtnei Rowry</u>		
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old <input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Marion Young Home Daycare</u>

Full Student Name:		
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old <input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?

Full Student Name:		
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old <input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?

### Parent or Guardian Information

Name (Last, First): <u>Young Takara</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>4710</u>	Street: <u>W. Race</u>	Apartment No.:
Phone: <u>(773) 627-7764</u>	Street:	City: <u>Chicago</u>
Email:	State: <u>Illinois</u>	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Marion Young Home Daycare  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Takara Young, am interested in sending my child(ren), Kourtnei Rowry to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Takara Young  
Signature

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### Student(s) Information

Full Student Name: <u>Ashante Smallwood</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Little Giant</u>	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Neal Shaunta</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>4025 W Polk</u>	Street:	Apartment No.:
Phone: <u>773-562-9942</u>	Street:	City: <u>Chicago</u>
Email: <u>neal.shaunta@gmail</u>	State:	Zip Code: <u>60624</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Gloria Grandberry  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Shaunte Neal, am interested in sending my child(ren), Ashante to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Shaunte Neal  
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: <u>Semaj Dillard</u>			
Current Age/Grade: <u>3</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First):		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address	Street	Apartment No.:
Phone:	Street	City:
Email:	State:	Zip Code:

How did you hear about Chicago Education Partnership?

Word of Mouth/From Gloria Grandberry  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

✓ I, EBONE Dillard, am interested in sending my child(ren), \_\_\_\_\_  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

✓ [Signature]  
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: <u>Morgan Turner</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First):		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address	Street	Apartment No.:
Phone:	Street	City:
Email:	State:	Zip Code:

How did you hear about Chicago Education Partnership?

Word of Mouth/From Gloria Grandberry  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Margaret Jones, am interested in sending my child(ren), \_\_\_\_\_  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Margaret Jones  
Signature

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A Tuition-Free Public Charter School

## 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

Full Student Name: <u>Bernard Mitchell</u>			
Current Age/Grade: <u>Pre K</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First):		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address	Street	Apartment No.:
Phone:	Street:	City:
Email:	State:	Zip Code:

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Gloria Grandberry  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Bernard Mitchell, am interested in sending my child(ren), \_\_\_\_\_  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Bernard Mitchell  
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: <u>Alexis Brooks</u>			
Current Age/Grade: <u>5 yrs</u>	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First):		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address	Street:	Apartment No.:
Phone:	Street:	City:
Email	State:	Zip Code:

How did you hear about Chicago Education Partnership?

Word of Mouth/From Gloria Grandberry  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Ashley Seawood, am interested in sending my child(ren), Alexis Brooks to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Ashley Seawood  
 Signature

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### Student(s) Information

✓ Full Student Name: <u>Damani Brooks</u>			
✓ Current Age/Grade: <u>3 pre-K</u>	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First):		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address	Street:	Apartment No.:
Phone:	Street:	City:
Email:	State:	Zip Code:

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Gloria Grandberry  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

✓ I, Ashley Seawood, am interested in sending my child(ren), Damani Brooks to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

✓ Ashley Seawood  
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: <u>Semaj Dillard</u>			
✓ Current Age/Grade: <u>3 Pre-K</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First):		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address	Street	Apartment No.:
Phone:	Street	City:
Email:	State:	Zip Code:

How did you hear about Chicago Education Partnership?

Word of Mouth/From Gloria Grandberry  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

✓ I, Ebone Dillard, am interested in sending my child(ren), \_\_\_\_\_  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

✓ Ebone Dillard  
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: <u>Ms. Jean Brown</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input checked="" type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First):		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address	Street:	Apartment No.:
Phone:	Street:	City:
Email:	State:	Zip Code:

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Gloria Grandberry  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

✓ I, Ms. Jean Brown, am interested in sending my child(ren), Camelia Brown to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

✓ Ms. Jean Brown  
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: <u>Lauren Watkins</u>			
Current Age/Grade: <u>3 Pre-K</u>	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First):		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address	Street:	Apartment No.:
Phone:	Street:	City:
Email	State:	Zip Code:

How did you hear about Chicago Education Partnership?

Word of Mouth/From Gloria Grandberry  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Jennifer Clay, am interested in sending my child(ren), \_\_\_\_\_  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Signature Jennifer Clay

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: <u>Demarius James</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input checked="" type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Little Giants</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>James, Demetria</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>8854 W Fillmore St</u>	Street:	Apartment No.: <u>1st 71</u>
Phone: <u>(773) 828-6495</u>	Street:	City: <u>Chicago IL</u>
Email: <u>Kyanna33@yahoo.com</u>	State: <u>IL</u>	Zip Code: <u>60624</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Gloria Grandberry  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Demetria James, am interested in sending my child(ren), Demarius to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Demetria James  
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: <u>Cornelius Davis II</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Davis Anjunita</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>4137 W. Homersling</u>	Street:	Apartment No.: <u>2</u>
Phone: <u>312-498-1106</u>	Street:	City: <u>Chicago</u>
Email: <u>m.p.s.s.d@aychao.com</u>	State:	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Danita Travis  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Anjunita Davis, am interested in sending my child(ren), Cornelius Davis II to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Anjunita Davis  
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: <u>Elijah Black</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Readwell Wee Read</u>	

Full Student Name: <u>Emmanual Black</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Readwell Wee Read</u>	

Full Student Name: <u>Emonie Black</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Wee Read</u>	

### Parent or Guardian Information

Name (Last, First): <u>Nakevia Jenkins</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>158 W Central</u>	Street:	Apartment No.: <u>308</u>
Phone: <u>773-439-0195</u>	Street:	City: <u>Chicago</u>
Email: <u>Njenkins51@gmail.com</u>	State:	Zip Code: <u>60604</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_
  Community Event/At \_\_\_\_\_  
 Home Visit/From Emily
 Other \_\_\_\_\_

I, Nakevia Jenkins, am interested in sending my child(ren), Elijah, Emmanual, Emonie to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Nakevia Jenkins  
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

X

Full Student Name: <u>Maurice Matthews III</u>			
Current Age/Grade: <u>3</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Channing's Childcare Academy</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

→

Name (Last, First): <u>McChristian Coreta</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>5714 W.</u>	Street: <u>Race</u>	Apartment No.: <u>1</u>
Phone: <u>(773) 957-4284</u>	Street:	City: <u>Chicago</u>
Email: <u>coretmech@aol.com</u>	State: <u>IL</u>	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

X I, Coreta McChristian, am interested in sending my child(ren), Maurice Matthews III to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

X Coreta McChristian  
 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: <u>Mikal &amp; Dilworth</u>			
Current Age/Grade: <u>1st</u>	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Channing After school + Plato</u>	

Full Student Name: <u>Christian Hill</u>			
Current Age/Grade: <u>4 Preschool</u>	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Channing</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Brown Tomika</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>719 N</u>	Street: <u>Weller Ave</u>	Apartment No.: <u>1N</u>
Phone: <u>773-573-3549</u>	Street:	City: <u>Chicago</u>
Email:	State: <u>Illinois</u>	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Margaret Johnson  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Tomika Brown, am interested in sending my child(ren), Mikal + Christian to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

(Signature)  
 \_\_\_\_\_  
 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: <u>Sanaa Alannah Hill</u>			
Current Age/Grade: <u>Mrs. Pre K</u>	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>New Beginnings Day care center</u>	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

✓ Name (Last, First): <u>Moffett, Victoria</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1652 N.</u>	Street: <u>Parkside Ave</u>	Apartment No.: <u>2nd floor</u>
Phone: <u>(312) 532-4681</u>	City: <u>Chicago</u>	State: <u>IL</u>
Email: <u>collegegirlme@yahoo.com</u>	Zip Code: <u>60639</u>	

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Dorothy Williams  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

✓ I, Victoria Moffett, am interested in sending my child(ren), Sanaa A. Hill to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

✓ Victoria Moffett  
Signature

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### Student(s) Information

✓ Full Student Name: <u>Tabari Scott</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>New Beginnings</u>	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

✓ Name (Last, First): <u>Scott Mattie</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>41 N Mayfield Ave</u>	Street	Apartment No.:
Phone: <u>773 934 0340</u>	Street	City: <u>Chicago</u>
Email: <u>nbcebc3@yahoo.com</u>	State: <u>IL</u>	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Dorothy Williams  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

✓ I, Mattie Scott, am interested in sending my child(ren), Tabari Scott  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Signature: Mattie Scott

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: <u>Jahyia London Hawkins</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Hawkins Larena</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>6245 18th ct</u>	Street: <u>16th Street</u>	Apartment No.: <u>1F</u>
Phone: <u>(773) 944-0965</u>	Street:	City: <u>CICERO</u>
Email: <u>hieroy49@gmail.com</u>	State: <u>IL</u>	Zip Code: <u>60804</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Dorothy Williams  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Larena Hawkins, am interested in sending my child(ren), Jahyia Hawkins to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Larena Hawkins  
 Signature

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### Student(s) Information

Full Student Name: <u>Ruby Yarety Marin<sup>6</sup></u>			
Current Age/Grade: <u>2 yrs 11 months</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Dominquez Guadalupe</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>3817 W. 79th Pl</u>	Street:	Apartment No.:
Phone: <u>312-256-7283</u>	Street:	City: <u>Chicago</u>
Email:	State: <u>IL</u>	Zip Code: <u>60652</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Dorothy Williams  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Guadalupe Dominquez, am interested in sending my child(ren), \_\_\_\_\_  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Guadalupe Dominquez  
Signature

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### Student(s) Information

✓ Full Student Name: <u>Kaylee A Coffee</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>NEW BEGINNINGS</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

✓ Name (Last, First): <u>Coffee Katrina</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address	Street:	Apartment No.:
Phone:	Street:	City:
Email:	State:	Zip Code:

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Dorothy Williams  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

✓ I, Katrina Coffee, am interested in sending my child(ren), Kaylee Coffee  
to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

✓ Katrina Coffee  
Signature

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### Student(s) Information

Full Student Name: <u>Demetrius Powell</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>New Beginning Day Care</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Powell, Demetria</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>4712 N. Laramie</u>	Street:	Apartment No.:
Phone: <u>773-885-0695</u>	Street:	City: <u>Chicago</u>
Email:	State: <u>IL</u>	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Dorothy Williams  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Demetria Powell, am interested in sending my child(ren), Demetria Powell to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Signature [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: <u>Zion T. Collier</u>			
Current Age/Grade: <u>4 yrs old</u>	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input checked="" type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

✓ Name (Last, First): <u>Jasmine Stewart</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>37 King Arthur</u>	Street	Apartment No.: <u>19</u>
Phone: <u>773-501-8381</u>	Street	City: <u>Northlake</u>
Email:	State: <u>IL</u>	Zip Code: <u>60061</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Dorothy Williams  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

✓ I, Jasmine Stewart, am interested in sending my child(ren), Zion Collier to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

✓ Jasmine Stewart  
Signature

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### Student(s) Information

✓ Full Student Name: <u>Courtney BRANDT</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input checked="" type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>New Beginning</u>	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

✓ Name (Last, First): <u>BRANDT, MIRANDA</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1343 N. Long</u>	Street:	Apartment No.:
Phone:	Street:	City:
Email:	State:	Zip Code:

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Dorothy Williams  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

✓ I, MIRANDA BRANDT, am interested in sending my child(ren), Courtney BRANDT to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

✓ Miranda Brandt  
 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: <u>Jamal Stickey</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input checked="" type="checkbox"/> Pre-K <u>B. Doe</u>
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name: <u>Samar Stickey</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input checked="" type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First):		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>4808</u>	Street: <u>N Gladys</u>	Apartment No.: <u>7 Floors</u>
Phone: <u>773 815-5808</u>	City: <u>Chicago</u>	
Email:	State:	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Dorothy Williams  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Samar Stickey, am interested in sending my child(ren), Jamal Stickey, to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Laverita Pittus  
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: <u>Serome Stuckey</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input checked="" type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>Biddle</u>	

Full Student Name: <u>Serome Stuckey</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input checked="" type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First):		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>4828</u>	Street: <u>W Gladys</u>	Apartment No.: <u>7 floors</u>
Phone: <u>773 815 58108</u>	Street:	City: <u>Chicago</u>
Email:	State:	Zip Code: <u>60604</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Dorothy Williams  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Jarrett Pitts, am interested in sending my child(ren), Serome Stuckey, to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Jarrett Pitts  
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: <u>La'myca Annie Lopez</u>		
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>Loveitt</u>

Full Student Name:		
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?

Full Student Name:		
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?

### Parent or Guardian Information

✓ Name (Last, First): <u>Spann, Latasha</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>840 N</u>	Street: <u>Leamington</u>	Apartment No.: <u>2nd floor</u>
Phone: <u>(773) 237-6351</u>	City: <u>Chicago</u>	Zip Code: <u>60651</u>
Email:	State:	

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Dorothy Williams  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

✓ I, Latasha Spann, am interested in sending my child(ren), La'myca Lopez to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

✓ Latasha Spann  
 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: Kaylah Johnson			
Current Age/Grade: Pre-K	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? Holy family	

Full Student Name: Kierra Johnson			
Current Age/Grade: 6/1st gd	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): Johnson Tracey		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address 1145 N <del>Bramble</del>	Street Laramie	Apartment No.:
Phone: (773) 526-6472	Street Laramie	City: Chicago
Email: Johnson.341@hotmail.com	State: IL	Zip Code: 60651

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Dorothy Williams  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Tracey Johnson, am interested in sending my child(ren), Kaylah / Kierra Johnson to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Tracey Johnson  
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: <u>Destinee Stokes</u>			
Current Age/Grade: <u>3</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>New beginning daycare</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

✓ Name (Last, First): <u>Hayes Jasmine</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>422 N</u>	Street: <u>Pine</u>	Apartment No.:
Phone: <u>773) 865-9296</u>	Street:	City: <u>Chgo</u>
Email:	State:	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Dorothy Williams  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

✓ I, Jasmine Hayes, am interested in sending my child(ren), Destinee Stokes to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

✓ Jasmine Hayes  
 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: <u>A'lailah West</u>			
Current Age/Grade: <u>H.S</u>	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>New Beginning</u>	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

✓ Name (Last, First): <u>West, Mildred</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1359</u>	Street: <u>N. L. Lawndale</u>	Apartment No.: <u>#1</u>
Phone: <u>312-590-2136</u>	City: <u>Chicago</u>	
Email: <u>MildredWest@gmail</u>	State: <u>IL</u>	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Dorothy Williams  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

✓ I, Mildred West, am interested in sending my child(ren), A'lailah West to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

✓ Mildred West  
 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: <u>Dequan Lewis Freeman</u>			
Current Age/Grade: <u>3</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name: <u>Dequan Freeman</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Kimberly Stucky</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>5121 W OHIO</u>	Street:	Apartment No.: <u>7th Floor</u>
Phone: <u>312-711-9317</u> <u>773-417-7040</u>	Street:	City: <u>Chicago</u>
Email:	State:	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Dorothy Williams  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

Kimberly Stucky am interested in sending my child(ren) Dequan Freeman to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Kimberly Stucky  
Signature

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### Student(s) Information

Full Student Name: <u>George Coleman</u>			
Current Age/Grade: <u>4</u>	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>New Beginning Day care,</u>	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	
Full Student Name: <u>George Coleman</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Latonya Carr</u>		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>557 n. Coker</u>	Street: <u>Chicago</u>	Apartment No.: <u>2nd floor</u>
Phone: <u>773.577-106</u>	Street:	City: <u>Chicago</u>
Email:	State: <u>Illinois</u>	Zip Code: <u>IL</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Dorothy Williams  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Latonya Carr, am interested in sending my child(ren), George Coleman, to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Latonya Carr  
 Signature

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### Student(s) Information

✓ Full Student Name: <u>Daria McAllister</u>			
Current Age/Grade: <u>4</u>	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>pepreist</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

✓ Name (Last, First): <u>Tatiana McAllister</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>312 S Central</u>	Street	Apartment No.:
Phone <u>(773) 889-</u>	Street	City: <u>Chgo</u>
Email:	State:	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Dorothy Williams  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

✓ I, Tatiana McAllister, am interested in sending my child(ren), Daria McAllister to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

✓ Tatiana McAllister  
 Signature

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### Student(s) Information

✓ Full Student Name: <u>Mario Conner Jr</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

✓ Name (Last, First): <u>Conner, Mario</u>		
Relationship: <input type="checkbox"/> Mother <input checked="" type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>1359</u>	Street <u>N. Lawndale</u>	Apartment No.: <u>49</u>
Phone: <u>73489-5366</u>	Street:	City: <u>Chicago</u>
Email:	State: <u>IL</u>	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Dorothy Williams  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

✓ I, Mario Conner, am interested in sending my child(ren), Mario Conner Jr to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

✓ Mario Conner  
 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: <u>Jamar Stuckey</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K <u>B/ider</u>
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name: <u>Jamar Stuckey</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First):		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address <u>4828</u>	Street <u>W Gladys</u>	Apartment No.: <u>1</u>
Phone <u>773 815 5108</u>	Street	City: <u>Chicago</u>
Email:	State:	Zip Code: <u>60664</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Dorothy Williams  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Loreta Pitts, am interested in sending my child(ren), Jamar Stuckey, to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Loreta Pitts  
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: <u>Ire/Niyah Cruz</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

✓ Name (Last, First): <u>Adams Arksha</u>		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address	Street	Apartment No.:
Phone:	Street	City:
Email:	State:	Zip Code:

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Dorothy Williams  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

✓ I, Arksha Adams, am interested in sending my child(ren), Ire/Niyah Cruz to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

✓ Arksha Adams  
 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: <u>Brielle Collins</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Turner Jackie</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>1500 N Central</u>	Street:	Apartment No.:
Phone: <u>773 712 9561</u>	Street:	City:
Email:	State:	Zip Code:

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Dorothy Williams  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Jackie Turner, am interested in sending my child(ren), Brielle Collins to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Jackie Turner  
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

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: <u>Emon Turner</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what Day Care or Pre-school?			

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what Day Care or Pre-school?			

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what Day Care or Pre-school?			

### Parent or Guardian Information

Name (Last, First): <u>Turner Daphney</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>3638 W. Flummy</u>	Street: <u>Flummy</u>	Apartment No.: <u>and.</u>
Phone: <u>(773) 826-9862</u>	Street:	City:
Email:	State:	Zip Code:

How did you hear about Chicago Education Partnership?

Word of Mouth/From \_\_\_\_\_  Community Event/At \_\_\_\_\_  
 Home Visit/From Aurora Lona  Other \_\_\_\_\_

I, Daphney Turner, am interested in sending my child(ren), Emon Turner to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Daphney Turner  
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    www.chicagoedpartners.org

# Chicago Education Partnership<sup>SM</sup>

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### Student(s) Information

Full Student Name: <u>James Johnson</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name: <u>James Johnson</u>			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Jessica Johnson</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>14526 Clark</u>	Street:	Apartment No.:
Phone: <u>708-252-1016</u>	Street:	City:
Email:	State:	Zip Code: <u>60419</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From Ruth Kimble  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Jessica Johnson, am interested in sending my child(ren), James Johnson to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Signature Jessica Johnson

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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# Education

A Tuition-Free Public Charter School

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### Student(s) Information

Full Student Name: <u>Jermal Thompson</u>			
Current Age/Grade: <u>4 M</u>	<input checked="" type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First):		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>4783 W Washington</u>	Street:	Apartment No.:
Phone: <u>773379-4929</u>	Street:	City: <u>Chicago</u>
Email:	State:	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From \_\_\_\_\_  Community Event/At \_\_\_\_\_

Home Visit/From \_\_\_\_\_  Other: FIRST START Child Care Academy

I, Debra Mims, am interested in sending my child(ren), Jermal Thompson to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

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. LaSalle or contact us:

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# Education

A Tuition-Free Public Charter School

## LETTER OF INTENT TO ENROLL

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### Student(s) Information

Full Student Name: <u>ANTONIO GILGAPAC</u>			
Current Age/Grade: <u>Pre-K</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school? <u>First Start</u>	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First):		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>4723 W Washington</u>	Street:	Apartment No.:
Phone: <u>773 379-4928</u>	Street:	City: <u>Chicago</u>
Email:	State:	Zip Code: <u>60644</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other First Start + Chicago Academy

I, Yamara W. am interested in sending my child(ren), Antonio Gilgapac to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Signature: Yamara W.

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) [cepfedback@gmail.com](mailto:cepfedback@gmail.com) Facebook.com/CEPCharterSchool [www.chicagoedpartners.org](http://www.chicagoedpartners.org)



# Education

A Tuition-Free Public Charter School

## LETTER OF INTENT TO ENROLL

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### Student(s) Information

Full Student Name: <u>Soi Thiipen</u>			
Current Age/Grade: <u>2 years</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First):		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>5831 W August</u>	Street:	Apartment No.:
Phone: <u>773-379-4928</u>	Street:	City: <u>Chicago</u>
Email:	State:	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  Community Event/At \_\_\_\_\_
- Home Visit/From \_\_\_\_\_  Other: First Start Childcare Academy

I, Soi Thiipen am interested in sending my child(ren), Alana Thiipen to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Signature: [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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# Chicago Education Partnership

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### Student(s) Information

Full Student Name: <u>Adrianna Desnie Brooks</u>			
Current Age/Grade: <u>3</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First):		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>69413 Hermitage</u>	Street: <u>Hermitage</u>	Apartment No.: <u>1st floor</u>
Phone: <u>312-890-6479</u>	City: <u>Chicago IL</u>	State: <u>IL</u>
Email: <u>BrooksAngela@gmail.com</u>	Zip Code: <u>60630</u>	

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other: First Start Child Care Academy

I, Angela Brooks, an interested in sending my child(ren), Adrianna Brooks to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.  
Angela Brooks  
 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: <u>Shenice Jones</u>			
Current Age/Grade	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	
Full Student Name:			
Current Age/Grade	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	
Full Student Name:			
Current Age/Grade	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Jones Derrick</u>		
Relationship: <input type="checkbox"/> Mother <input checked="" type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address	Street:	Apartment No.:
<u>5251 S</u>	<u>Justina</u>	
Phone: <u>773-414-0644</u>	Street:	City: <u>Chicago</u>
Email:	State: <u>IL</u>	Zip Code: <u>60609</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  
 Community Event/At \_\_\_\_\_  
 Other: First Start Child Care Academy

I, Derrick Jones, am interested in sending my child(ren), Shenice Jones to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Signature: Derrick Jones

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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# Education

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### Student(s) Information

Full Student Name: <u>KEVIN LANCASTER</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school? <u>FIRST START ACADEMY</u>	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	
Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>ROBIN TUSON</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>5706 S JUSTINE</u>	Street:	Apartment No.:
Phone: <u>(773) 844-4380</u>	Street:	City: <u>CHICAGO</u>
Email:	State: <u>IL</u>	Zip Code: <u>60636</u>

How did you hear about Chicago Education Partnership?

- Word of Mouth/From \_\_\_\_\_  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other: FIRST START Childcare Academy

I, ROBIN TUSON, am interested in sending my child(ren), KEVIN LANCASTER, to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Signature: ROBIN TUSON

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

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Student(s) Information

Full Student Name: <u>Makhiya Duke</u>		
Current Age/Grade: <u>12-20-09</u>	<input type="checkbox"/> 3 years old	<input checked="" type="checkbox"/> 4 years old
Enrolled in Day Care or Pre-school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?

Full Student Name:		
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?

Full Student Name:		
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?

Parent or Guardian Information

Name (Last, First): <u>Erin Williams</u>		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>5833</u>	Street: <u>Augusta</u>	Apartment No.: <u>2</u>
Phone:	City: <u>Chgo</u>	
Email:	State:	Zip Code: <u>60651</u>

How did you hear about Chicago Education Partnership?

Word of Mouth/From Jackie Heiler  Community Event/At \_\_\_\_\_  
 Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Erin Williams, am interested in sending my child(ren), Makhiya to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Erin Williams  
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: <u>Jacob Cooper</u>			
Current Age/Grade:	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Edward Goodie</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>5833</u>	Street: <u>Augusta</u>	Apartment No.: <u>1</u>
Phone: <u>773-379-7687</u>	City: <u>Chgo</u>	Zip Code: <u>60651</u>
Email:	State:	

How did you hear about Chicago Education Partnership?

Word of Mouth/From Jackie Heiler  Community Event/At \_\_\_\_\_

Home Visit/From \_\_\_\_\_  Other \_\_\_\_\_

I, Edward Goodie, am interested in sending my child(ren), Jacob to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Edward Goodie  
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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# CHICAGO EDUCATION PARTNERSHIP

A Tuition-Free Public Charter School

## LETTER OF INTENT TO ENROLL

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### Student(s) Information

Full Student Name: <u>Charles Allen</u>			
Current Age/Grade: <u>7-30-10</u>	<input checked="" type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 4 years old	<input type="checkbox"/> Pre-K
Enrolled in Day Care or Pre-school <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Day Care or Pre-school?	

### Parent or Guardian Information

Name (Last, First): <u>Tiffany Shade</u>		
Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address: <u>946</u>	Street: <u>Waller</u>	Apartment No.:
Phone:	City:	State:
Email:	Zip Code: <u>60651</u>	

How did you hear about Chicago Education Partnership?

Word of Mouth/From Jackie Lester  Community Event/At

Home Visit/From  Other

I, Tiffany Shade am interested in sending my child(ren), Charles Allen to the new Chicago Education Partnership charter school in the Austin Community in fall 2015.

Tiffany Shade  
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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Tier 2 Submission

Appendix B  
Resource Guide



# Resource Guide

By The Hand Club

## Alternative Residential Services

- Jubilee Leadership Academy: 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
- LSSI Nachusa Lutheran Home: 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
- Maryville Casa Cariño: 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&parentid=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.  
<http://www.maryvilleacademy.org/subpages.asp?id=322&parentid=2>  
(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&parentid=2>  
(847) 768-5396
- Safe Families for Children: 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/51065/Safe-Families-for-Children](http://www.lydiahome.org/10086/ministry/ministry_id/51065/Safe-Families-for-Children)  
Request form: <http://www.safe-families.org/request.aspx>  
Elizabeth Skaggs - [eskaggs@safe-families.org](mailto:eskaggs@safe-families.org)  
(217) 361-4670
- Teen Challenge: Faith-based 12-month residential services for all ages struggling with life-controlling addiction.  
<http://www.teenchallengeil.com/>  
Email: [info@teenchallengeil.com](mailto:info@teenchallengeil.com)  
(217) 423-9118

## Child Care/Pregnancy

- Caris: A Christian organization that provides support and resources for women experiencing unplanned pregnancies.  
<http://www.caris.org/>  
Lawndale Christian Health Center                      The Garland Building

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
- Head Start: 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/HeadStartOffices#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.

<http://www.lydiahome.org/>

4300 West Irving Park Road

Chicago, IL 60641

(773) 653-2200

## Documentation Assistance

- Birth Certificate
  - Requesting a birth certificate: <http://www.cookcountyclerk.com/vitalrecords/birthcertificates/Pages/default.aspx>
  
- Drivers' License/State Identification:
  - Information on license/state ID card: [http://www.cyberdriveillinois.com/departments/drivers/drivers\\_license/drlicid.html#dlapp](http://www.cyberdriveillinois.com/departments/drivers/drivers_license/drlicid.html#dlapp)
  - Drivers under age of 21: [http://www.cyberdriveillinois.com/departments/drivers/teen\\_driver\\_safety/gdl.html](http://www.cyberdriveillinois.com/departments/drivers/teen_driver_safety/gdl.html)
  - To obtain, visit a location: <http://www.ilsos.gov/facilityfinder/facility>
  
- Passport
  - Applying for a minor: [http://travel.state.gov/passport/get/minors/minors\\_834.html](http://travel.state.gov/passport/get/minors/minors_834.html)
  - Applying for an adult: [http://travel.state.gov/passport/get/first/first\\_830.html](http://travel.state.gov/passport/get/first/first_830.html)
  - Renewing a passport: [http://travel.state.gov/passport/renew/renew\\_833.html](http://travel.state.gov/passport/renew/renew_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/detail/a\\_id/291](http://ssacusthelp.ssa.gov/app/answers/detail/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. [http://www.cityofchicago.org/city/en/depts/fss/supp\\_info/home\\_to\\_stay\\_furniture\\_donation\\_program\\_information.html](http://www.cityofchicago.org/city/en/depts/fss/supp_info/home_to_stay_furniture_donation_program_information.html)
- Moody Church - Hope Network: General hardship donations through a safety net of practical and emotional support to those on the front lines of caring for vulnerable children.  
Kelly VanTuinen - kellyvantuinen@gmail.com  
Kelly.Vantuinen@moodychurch.org  
(773) 230-1114
- Salvation Army: Donation Centers
  - o Nearby locations: [http://satruck.org/search/results?from=stores\\_national\\_index&q=60607](http://satruck.org/search/results?from=stores_national_index&q=60607)

## Education

- St. Angela School: A Catholic school in the Austin neighborhood that serves students from preschool through 8<sup>th</sup> grade.  
<http://www.saintangela.org/index.asp>

- St. Joseph Services: 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](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 wish to earn a high school diploma.  
<http://westtownacademy.org/>  
Transcript Department  
534 N. Sacramento Blvd.  
Chicago, IL 60612  
(312) 563-9044
- 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: [http://www.yearup.org/students\\_alumni/main.php?page=admissions&sub\\_section=national](http://www.yearup.org/students_alumni/main.php?page=admissions&sub_section=national)  
Admissions Coordinator: Lornett Vestal  
223 W Jackson Blvd suite 400  
Chicago, IL 60601  
(312) 726-5300x4568

## 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: <http://www.thecaraprogram.org/referral-admissions>  
237 S. Desplaines  
admissions@thecaraprogram.org  
Chicago, Illinois 60661  
(312) 798-3309
- LifeNett Works: Empowers people by providing services and training for leadership development, business plans, business strategy-solutions, and professional development.  
<http://www.lifenetworks.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 Human Achievement Toolkit: 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/>

- SER: 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: [http://www.centralstatesser.org/SER/index.php?option=com\\_content&view=category&layout=blog&id=42&Itemid=55](http://www.centralstatesser.org/SER/index.php?option=com_content&view=category&layout=blog&id=42&Itemid=55)  
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.  
<http://www.healthauthority.org/re-entry.php> (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

- DFSS' Community Centers: Clients can get information about rental, utility and other financial assistance programs.



Locations: [http://www.cityofchicago.org/city/en/depts/fs/s/provdrs/serv/svcs/community\\_servicecenterlocations.html](http://www.cityofchicago.org/city/en/depts/fs/s/provdrs/serv/svcs/community_servicecenterlocations.html)

- 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.  
<http://www.moneymanagement.org/Credit-Counseling.aspx>  
70 E. Lake St. Ste. 1102  
Chicago IL, 60601

## Food

- Direct 2 Food: Connects you to the people, places, and programs you need to access high quality, nutritious food.  
<http://www.direct2food.org/>
- Food Pantries: Feeds people at risk of hunger.  
Locations: [http://www.cookcountysheriff.org/SocialService/socialService\\_EmergencyFoodPantries.html](http://www.cookcountysheriff.org/SocialService/socialService_EmergencyFoodPantries.html)
- Soup Kitchens: Feeds people at risk of hunger.  
Locations: [http://www.cookcountysheriff.org/SocialService/socialService\\_EmergencyFoodSoupKitchens.html](http://www.cookcountysheriff.org/SocialService/socialService_EmergencyFoodSoupKitchens.html)
- Supplemental Nutrition Assistance Program: Helps low-income 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

- WIC: 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](mailto: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

- All Kids Card: 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: <https://secure.myhfs.illinois.gov/allkidsapplicant/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: <http://www.cookcountyhhs.org/patient-services/county-care/>  
(312) 864-8200
- DentaQuest: Can tell you what services are covered and can help you find a dentist.  
<http://www.dentaquest.com/>  
(888) 286-2447
- FamilyCare: offers healthcare coverage to parents living with their children 18 years old or younger.  
Application: <https://secure.myhfs.illinois.gov/allkidsapplicant/index.jsp?lang=en>
- Heartland Alliance: 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: <http://www.heartlandhealthcenters.org/services-and-locations/>
- Illinois Department of Human Services: Apply for medical benefits online  
at <https://wb.dhs.illinois.gov/wbpublic/register/wb/wbHomePre.do>
- 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
- Direct 2 Housing: 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

- Heartland Housing: This organization has over 600 units of affordable and supportive housing for impoverished people in Chicago.  
<http://www.heartlandalliance.org/whoweare/our-programs/housing/>
- Homeless Services: 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
- La Casa Student Housing: Housing and a wide range of student support services for college students to promote academic success.  
Application: <http://lacasastudenthousing.org/application-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/homes-for-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/legal-aid/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: <http://clccrul.org/getservices>  
100 N. LaSalle St., Suite 600  
Chicago, IL 60602-2403  
(312) 630-9744
- Chicago Legal Clinic: Provides legal services to the underserved and disadvantaged in the Chicago area.  
<http://www.clclaw.org/clients.html>  
(773) 731-1762
- Chicago Volunteer Legal Services: volunteer attorneys who donate free legal services to low-income Chicagoans.  
<http://www.cvls.org/what>  
100 N. LaSalle St, Suite 900  
Chicago, IL 60602  
(312) 332-1624
- 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/FORPEOPLEWITHOUTLAWYERS/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/OutpatientServicesForChildrenPortageCraginMentalHealthCenter.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/CrisisServicesForChildrenScreeningAssessmentAndSupportServicesSASS.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.  
<http://www.lssi.org/Service/CrisisServicesForAdultsProjectIMPACT.aspx>  
(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

- DFSS' Community Centers: Clients can get information about rental, utility and other financial assistance programs.

Locations: [http://www.cityofchicago.org/city/en/depts/fs/provdrs/serv/svcs/community\\_servicecenterlocations.html](http://www.cityofchicago.org/city/en/depts/fs/provdrs/serv/svcs/community_servicecenterlocations.html)  
1

ChicagoEducationPartnership<sup>SM</sup>

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: **Chicago Education Partnership (EIN 46-4015368)--Form 1023, Application 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.

## Power of Attorney and Declaration of Representative

OMB No. 1545-0150

For IRS Use Only

Received by: \_\_\_\_\_

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Function \_\_\_\_\_

Date / /

▶ Type or print. ▶ See the separate instructions.

### Part I Power of Attorney

**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.

#### 1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address <b>Chicago Education Partnership</b> c/o Michael Rogers 415 N Laramie Ave, Chicago IL 60644	Taxpayer identification number(s) <p style="text-align: center;"><b>46-4015368</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Daytime telephone number</td> <td style="width: 50%; border: none;">Plan number (if applicable)</td> </tr> <tr> <td style="border: none; text-align: center;"><b>(630) 200-6747</b></td> <td style="border: none;"></td> </tr> </table>	Daytime telephone number	Plan number (if applicable)	<b>(630) 200-6747</b>	
Daytime telephone number	Plan number (if applicable)				
<b>(630) 200-6747</b>					

hereby appoints the following representative(s) as attorney(s)-in-fact:

#### 2 Representative(s) must sign and date this form on page 2, Part II.

Name and address <b>Renee M. Schoenberg</b> 203 N. LaSalle St., Suite 1900 Chicago, IL 60601	CAF No. <b>4000-76408R</b> PTIN <b>P01319973</b> Telephone No. <b>(312) 368-4018</b> Fax No. <b>(312) 630-7368</b>
Check if to be sent notices and communications <input checked="" type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address <b>You Rim Bak</b> 203 N. LaSalle St., Suite 1900 Chicago, IL 60601	CAF No. <b>None</b> PTIN <b>N/A</b> Telephone No. <b>(312) 368-3448</b> Fax No. <b>312) 251-5701</b>
Check if to be sent notices and communications <input checked="" type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address <b>William A. Rudnick</b> 203 N. LaSalle St., Suite 1900 Chicago, IL 60601	CAF No. <b>None</b> PTIN <b>N/A</b> Telephone No. <b>(312) 368-7078</b> Fax No. <b>(312) 630-5328</b>
Check if to be sent notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer before the Internal Revenue Service for the following matters:

#### 3 Matters

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, etc.) (see instructions for line 3)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions for line 3)
Exemption from income tax	1023	2013 and thereafter

#### 4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. **Specific Uses Not Recorded on CAF**

**5 Acts authorized.** Unless otherwise provided below, the representatives generally are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The representative(s), however, is (are) not authorized to receive or negotiate any amounts paid to the client in connection with this representation (including refunds by either electronic means or paper checks). Additionally, unless the appropriate box(es) below are checked, the representative(s) is (are) not authorized to execute a request for disclosure of tax returns or return information to a third party, substitute another representative or add additional representatives, or sign certain tax returns.

Disclosure to third parties;  Substitute or add representative(s);  Signing a return; \_\_\_\_\_

Other acts authorized: **See attached.** \_\_\_\_\_ (see instructions for more information)

**Exceptions.** An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. 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 tax return preparer may only represent taxpayers to the extent provided in section 10.3(f) of Circular 230. See the line 5 instructions for restrictions on 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).

List any specific deletions to the acts otherwise authorized in this power of attorney: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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](http://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.

**Part I Identification of Applicant**

<b>1</b> Full name of organization (exactly as it appears in your organizing document)		<b>2</b> c/o Name (if applicable)	
Chicago Education Partnership		Michael Rogers	
<b>3</b> Mailing address (Number and street) (see instructions)	Room/Suite	<b>4</b> Employer Identification Number (EIN)	
415 N. Laramie Avenue		46-4015368	
City or town, state or country, and ZIP + 4		<b>5</b> Month the annual accounting period ends (01 - 12)	
Chicago, IL 60644		06	
<b>6</b> Primary contact (officer, director, trustee, or authorized representative)		<b>b</b> Phone: (312) 368-7078	
a Name: William A. Rudnick		<b>c</b> Fax: (optional) (312) 630-6056	
<b>7</b> Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8</b> Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>9a</b> Organization's website: <a href="http://www.chicagoedpartners.org">www.chicagoedpartners.org</a>			
<b>b</b> Organization's email: (optional)			
<b>10</b> Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>11</b> Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY)		08 / 19 / 2013	
<b>12</b> Were you formed under the laws of a foreign country? If "Yes," state the country.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	



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: **Chicago Education Partnership (EIN 46-4015368)--Form 1023, Application 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.

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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Filed Amendment to Articles of Incorporation	5
Bylaws	6
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<i>Architectural plan of Applicant's facilities</i>	B



# Form 1023 Checklist

(Revised June 2006)

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

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

**Check each box to finish your application (Form 1023). Send this completed Checklist with your filled-in application. If you have not answered all the items below, your application may be returned to you as incomplete.**

- 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)
  - Articles of organization
  - Amendments to articles of organization in chronological order
  - 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)
  - All other attachments, including explanations, financial data, and printed materials or publications. Label each page with name and EIN.
- 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.
- Employer Identification Number (EIN)
- Completed Parts I through XI of the application, including any requested information and any required Schedules A through H.
- You must provide specific details about your past, present, and planned activities.
  - Generalizations or failure to answer questions in the Form 1023 application will prevent us from recognizing you as tax exempt.
  - Describe your purposes and proposed activities in specific easily understood terms.
  - Financial information should correspond with proposed activities.
- Schedules. Submit only those schedules that apply to you and check either "Yes" or "No" below.
- |            |                                                |            |                                                |
|------------|------------------------------------------------|------------|------------------------------------------------|
| Schedule A | Yes ___ No <input checked="" type="checkbox"/> | Schedule E | Yes ___ No <input checked="" type="checkbox"/> |
| Schedule B | Yes <input checked="" type="checkbox"/> No ___ | Schedule F | Yes ___ No <input checked="" type="checkbox"/> |
| Schedule C | Yes ___ No <input checked="" type="checkbox"/> | Schedule G | Yes ___ No <input checked="" type="checkbox"/> |
| Schedule D | Yes ___ No <input checked="" type="checkbox"/> | Schedule H | Yes ___ No <input checked="" type="checkbox"/> |

- 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



**Power of Attorney  
 and Declaration of Representative**

OMB No. 1545-0150  
**For IRS Use Only**

▶ Type or print. ▶ See the separate instructions.

Received by:  
 Name \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Function \_\_\_\_\_  
 Date     /     /

**Part I Power of Attorney**  
**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.

**1 Taxpayer information.** Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address Chicago Education Partnership c/o Michael Rogers 415 N Laramie Ave, Chicago IL 60644	Taxpayer identification number(s) <b>46-4015368</b>	
	Daytime telephone number <b>(630) 200-6747</b>	Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact:

**2 Representative(s) must sign and date this form on page 2, Part II.**

Name and address Renee M. Schoenberg 203 N. LaSalle St., Suite 1900 Chicago, IL 60601	CAF No. <b>4000-76408R</b> PTIN <b>P01319973</b> Telephone No. <b>(312) 368-4018</b> Fax No. <b>(312) 630-7368</b>
Check if to be sent notices and communications <input checked="" type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address You Rim Bak 203 N. LaSalle St., Suite 1900 Chicago, IL 60601	CAF No. <b>None</b> PTIN <b>N/A</b> Telephone No. <b>(312) 368-3448</b> Fax No. <b>312) 251-5701</b>
Check if to be sent notices and communications <input checked="" type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address William A. Rudnick 203 N. LaSalle St., Suite 1900 Chicago, IL 60601	CAF No. <b>None</b> PTIN <b>N/A</b> Telephone No. <b>(312) 368-7078</b> Fax No. <b>(312) 630-5328</b>
	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer before the Internal Revenue Service for the following matters:

**3 Matters**

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, etc.) (see instructions for line 3)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions for line 3)
Exemption from income tax	1023	2013 and thereafter

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. **Specific Uses Not Recorded on CAF**

**5 Acts authorized.** Unless otherwise provided below, the representatives generally are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The representative(s), however, is (are) not authorized to receive or negotiate any amounts paid to the client in connection with this representation (including refunds by either electronic means or paper checks). Additionally, unless the appropriate box(es) below are checked, the representative(s) is (are) not authorized to execute a request for disclosure of tax returns or return information to a third party, substitute another representative or add additional representatives, or sign certain tax returns.

Disclosure to third parties;  Substitute or add representative(s);  Signing a return; \_\_\_\_\_

Other acts authorized: **See attached.** \_\_\_\_\_ (see instructions for more information)


**Exceptions.** An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. 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 tax return preparer may only represent taxpayers to the extent provided in section 10.3(f) of Circular 230. See the line 5 instructions for restrictions on 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).

List any specific deletions to the acts otherwise authorized in this power of attorney: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6 Retention/revocation of prior power of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here  **YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

**7 Signature of taxpayer.** If a tax matter concerns a year in which a joint return was filed, the husband and wife must each file a separate power of attorney even if the same representative(s) is (are) being appointed. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

**▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED TO THE TAXPAYER.**

  
 Signature \_\_\_\_\_ Date 12/2/2013 Title (if applicable) Chairman  
 \_\_\_\_\_  
 Print Name \_\_\_\_\_ PIN Number  \_\_\_\_\_  
 Print name of taxpayer from line 1 if other than individual

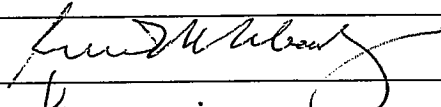
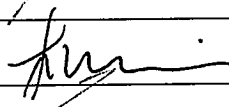
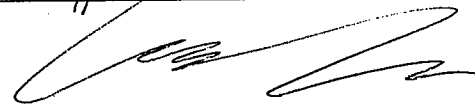
**Part II Declaration of Representative**

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
  - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c Enrolled Agent—enrolled as an agent under the requirements of Circular 230.
  - d Officer—a bona fide officer of the taxpayer's organization.
  - e Full-Time Employee—a full-time employee of the taxpayer.
  - f Family Member—a member of the taxpayer's immediate family (for example, spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
  - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
  - h Unenrolled Return Preparer—Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. **See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.**
  - i Registered Tax Return Preparer—registered as a tax return preparer under the requirements of section 10.4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. **See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.**
  - k Student Attorney or CPA—receives permission to practice before the IRS by virtue of his/her status as a law, business, or accounting student working in LITC or STCP under section 10.7(d) of Circular 230. See instructions for Part II for additional information and requirements.
  - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

**▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN LINE 2 ABOVE.** See the instructions for Part II.

**Note:** For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column. See the instructions for Part II for more information.

Designation— Insert above letter (a-r)	Licensing jurisdiction (state) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable). See instructions for Part II for more information.	Signature	Date
a	IL	02502577		12/2/13
a	IL	6312297		12/2/2013
a	IL	6201816		12/2/2013

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.

**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](http://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.

**Part I Identification of Applicant**

<b>1</b> Full name of organization (exactly as it appears in your organizing document)		<b>2</b> c/o Name (if applicable)	
Chicago Education Partnership		Michael Rogers	
<b>3</b> Mailing address (Number and street) (see instructions)	Room/Suite	<b>4</b> Employer Identification Number (EIN)	
415 N. Laramie Avenue		46-4015368	
City or town, state or country, and ZIP + 4		<b>5</b> Month the annual accounting period ends (01 - 12)	
Chicago, IL 60644		06	
<b>6</b> Primary contact (officer, director, trustee, or authorized representative)		<b>b</b> Phone: (312) 368-7078	
a Name: William A. Rudnick		<b>c</b> Fax: (optional) (312) 630-6056	
<b>7</b> Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8</b> Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>9a</b> Organization's website: <a href="http://www.chicagoedpartners.org">www.chicagoedpartners.org</a>			
<b>b</b> Organization's email: (optional)			
<b>10</b> Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>11</b> Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY)		08 / 19 / 2013	
<b>12</b> Were you formed under the laws of a foreign country? If "Yes," state the country.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Part II Organizational Structure**

You must be a corporation (including a limited liability company), an unincorporated association, or a trust to be tax exempt. (See instructions.) **DO NOT file this form unless you can check "Yes" on lines 1, 2, 3, or 4.**

- 1 Are you a **corporation**? If "Yes," attach a copy of your articles of incorporation showing **certification of filing** with the appropriate state agency. Include copies of any amendments to your articles and be sure they also show state filing certification.  **Yes**  **No**  
See Exhibit A
- 2 Are you a **limited liability company (LLC)**? If "Yes," attach a copy of your articles of organization showing certification of filing with the appropriate state agency. Also, if you adopted an operating agreement, attach a copy. Include copies of any amendments to your articles and be sure they show state filing certification. Refer to the instructions for circumstances when an LLC should not file its own exemption application.  **Yes**  **No**
- 3 Are you an **unincorporated association**? If "Yes," attach a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures. Include signed and dated copies of any amendments.  **Yes**  **No**
- 4a Are you a **trust**? If "Yes," attach a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments.  **Yes**  **No**
- b Have you been funded? If "No," explain how you are formed without anything of value placed in trust.  **Yes**  **No**
- 5 Have you adopted **bylaws**? If "Yes," attach a current copy showing date of adoption. If "No," explain how your officers, directors, or trustees are selected.  **Yes**  **No**

**Part III Required Provisions in Your Organizing Document**

The following questions are designed to ensure that when you file this application, your organizing document contains the required provisions to meet the organizational test under section 501(c)(3). Unless you can check the boxes in both lines 1 and 2, your organizing document does not meet the organizational test. **DO NOT file this application until you have amended your organizing document.** Submit your original and amended organizing documents (showing state filing certification if you are a corporation or an LLC) with your application.

- 1 Section 501(c)(3) requires that your organizing document state your exempt purpose(s), such as charitable, religious, educational, and/or scientific purposes. Check the box to confirm that your organizing document meets this requirement. Describe specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document. Refer to the instructions for exempt purpose language. Location of Purpose Clause (Page, Article, and Paragraph): Page 3, Article 4, Paragraph 1
- 2a Section 501(c)(3) requires that upon dissolution of your organization, your remaining assets must be used exclusively for exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Check the box on line 2a to confirm that your organizing document meets this requirement by express provision for the distribution of assets upon dissolution. If you rely on state law for your dissolution provision, do not check the box on line 2a and go to line 2c.
- 2b If you checked the box on line 2a, specify the location of your dissolution clause (Page, Article, and Paragraph). Do not complete line 2c if you checked box 2a. Page 3, Article 5, Paragraph 4
- 2c See the instructions for information about the operation of state law in your particular state. Check this box if you rely on operation of state law for your dissolution provision and indicate the state: \_\_\_\_\_

**Part IV Narrative Description of Your Activities**

Using an attachment, describe your *past, present, and planned* activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

See attached.

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors**

1a List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual **compensation**, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
See attached		.....	None
		.....	
		.....	
		.....	
		.....	

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

**b** List the names, titles, and mailing addresses of each of your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation. Do not include officers, directors, or trustees listed in line 1a.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
<b>None</b>		.....	
		.....	
		.....	
		.....	
		.....	

**c** List the names, names of businesses, and mailing addresses of your five highest compensated independent contractors that receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
<b>None</b>		.....	
		.....	
		.....	
		.....	
		.....	

The following "Yes" or "No" questions relate to *past, present, or planned* relationships, transactions, or agreements with your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, and 1c.

- 2a** Are any of your officers, directors, or trustees **related to each other through family or business relationships**? If "Yes," identify the individuals and explain the relationship. See attached  **Yes**  **No**
  - b** Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees.  **Yes**  **No**
  - c** Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship.  **Yes**  **No**
- 
- 3a** For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.  **Yes**  **No**
  - b** Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through **common control**? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement.  **Yes**  **No**
- 
- 4** In establishing the compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, and 1c, the following practices are recommended, although they are not required to obtain exemption. Answer "Yes" to all the practices you use.
- a** Do you or will the individuals that approve compensation arrangements follow a conflict of interest policy?  **Yes**  **No**
  - b** Do you or will you approve compensation arrangements in advance of paying compensation?  **Yes**  **No**
  - c** Do you or will you document in writing the date and terms of approved compensation arrangements?  **Yes**  **No**



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

- d** Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements?  Yes  No
- e** Do you or will you approve compensation arrangements based on information about compensation paid by **similarly situated** 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.  Yes  No
- f** Do you or will you record in writing both the information on which you relied to base your decision and its source?  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 **conflict of interest policy** 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.  Yes  No  
**Adopted by resolution of the board of directors**
- b** 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?
- c** 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.

- 6a** 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  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  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  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  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  No
- b** Describe any written or oral arrangements that 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 you pay no more than fair market value or you are paid at least fair market value.
- f** 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  No

**Part V 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 arrangements.

**Part VI Your Members and Other Individuals and Organizations That Receive Benefits From You**

The following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and organizations as part of your activities. Your answers should pertain to *past, present, and planned* activities. (See instructions.)

- 1a 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  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  No
- 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  No

**Part VII Your History**

The following "Yes" or "No" questions relate to your history. (See instructions.)

- 1 Are you a **successor** to another organization? Answer "Yes," if you have taken over 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.  Yes  No
- 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  No

**Part VIII Your Specific Activities**

The following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropriate box. Your answers should pertain to *past, present, and planned* activities. (See instructions.)

- 1 Do you support or oppose candidates in **political campaigns** in any way? If "Yes," explain.  Yes  No
- 2a 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  No
- b Have you made or are you making an **election** 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 **gaming** 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. **Revenue and expenses** should be provided for the time periods specified in Part IX, Financial Data.  Yes  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  No
- c List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.

**Part VIII Your Specific Activities (Continued)**

4a Do you or will you undertake **fundraising**? If "Yes," check all the fundraising programs you do or will conduct. (See instructions.)  **Yes**  **No**

- mail solicitations
- email solicitations
- personal solicitations
- vehicle, boat, plane, or similar donations
- foundation grant solicitations
- phone solicitations
- accept donations on your website
- receive donations from another organization's website
- government grant solicitations
- Other

Attach a description of each fundraising program. **See attached**

b Do you or will you have written or oral contracts with any individuals or organizations to raise funds 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.  **Yes**  **No**

c Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements. Include a description of the organizations for which you raise funds and attach copies of all contracts or agreements.  **Yes**  **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 another organization, or another organization fundraises for you.

e Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors.  **Yes**  **No**

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5 Are you **affiliated** with a governmental unit? If "Yes," explain.  **Yes**  **No**

6a Do you or will you engage in **economic development**? If "Yes," describe your program.  **Yes**  **No**

b Describe in full who benefits from your economic development activities and how the activities promote exempt purposes.

---

7a Do or will persons other than your employees or volunteers **develop** your facilities? If "Yes," describe each facility, the role of the developer, and any business or family relationship(s) between the developer and your officers, directors, or trustees.  **Yes**  **No**

**See attached**

b Do or will persons other than your employees or volunteers **manage** your activities or facilities? If "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.  **Yes**  **No**

c 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 are negotiated at arm's length so that you pay no more than fair market value, and submit a copy of any contracts or other agreements.

---

8 Do you or will you enter into **joint ventures**, including partnerships or **limited liability companies** 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.  **Yes**  **No**

---

9a Are you applying for exemption as a childcare organization under section 501(k)? If "Yes," answer lines 9b through 9d. If "No," go to line 10.  **Yes**  **No**

b Do you provide child care so that parents or caretakers of children you care for can be **gainfully employed** (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k).  **Yes**  **No**

c 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 how 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 for whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k).  **Yes**  **No**

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10 Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other **intellectual property**? If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed.  **Yes**  **No**

**Part VIII 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 art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," 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**  **No**
- b** Name the foreign countries and regions within the countries in which you operate.
- c** Describe your operations in each country and region in which you operate.
- d** Describe how your operations in each country and region further your exempt purposes.
- 
- 13a** Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a.  **Yes**  **No**
- b** Describe how your grants, loans, or other distributions to organizations further your exempt purposes.
- c** Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract.  **Yes**  **No**
- d** Identify each recipient organization and any **relationship** between you and the recipient organization.
- e** 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**  **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 the purposes for which the grant was made, provides for periodic written reports concerning the use 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.  **Yes**  **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 of resources.
- 
- 14a** 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**  **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.
- c** Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries.  **Yes**  **No**
- d** Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors.  **Yes**  **No**
- e** Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these 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.  **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 procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately.  **Yes**  **No**

**Part VIII** Your Specific Activities (Continued)

- |    |                                                                                                                                                                                                                    |                                                |                                               |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|
| 15 | Do you have a <b>close connection</b> with any organizations? If "Yes," explain.                                                                                                                                   | <input checked="" type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b>            |
| 16 | Are you applying for exemption as a <b>cooperative hospital service organization</b> under section 501(e)? If "Yes," explain.                                                                                      | <input type="checkbox"/> <b>Yes</b>            | <input checked="" type="checkbox"/> <b>No</b> |
| 17 | Are you applying for exemption as a <b>cooperative service organization of operating educational organizations</b> under section 501(f)? If "Yes," explain.                                                        | <input type="checkbox"/> <b>Yes</b>            | <input checked="" type="checkbox"/> <b>No</b> |
| 18 | Are you applying for exemption as a <b>charitable risk pool</b> under section 501(n)? If "Yes," explain.                                                                                                           | <input type="checkbox"/> <b>Yes</b>            | <input checked="" type="checkbox"/> <b>No</b> |
| 19 | Do you or will you operate a <b>school</b> ? If "Yes," complete Schedule B. Answer "Yes," whether you operate a school as your main function or as a secondary activity.                                           | <input checked="" type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b>            |
| 20 | Is your main function to provide <b>hospital or medical care</b> ? If "Yes," complete Schedule C.                                                                                                                  | <input type="checkbox"/> <b>Yes</b>            | <input checked="" type="checkbox"/> <b>No</b> |
| 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.                                                                      | <input type="checkbox"/> <b>Yes</b>            | <input checked="" type="checkbox"/> <b>No</b> |
| 22 | Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H. | <input type="checkbox"/> <b>Yes</b>            | <input checked="" type="checkbox"/> <b>No</b> |

**Note:** Private foundations may use Schedule H to request advance approval of individual grant procedures.

**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.)

**A. Statement of Revenues and Expenses**

	Type of revenue or expense	3 prior tax years or 2 succeeding tax years				(e) Provide Total for (a) through (d)	
		Current tax year	(b) From 07/01/14 To 06/30/15	(c) From 07/01/15 To 06/30/16	(d) From To		
		(a) From 08/19/13 To 06/30/14	(b) From 07/01/14 To 06/30/15	(c) From 07/01/15 To 06/30/16	(d) From To		
Revenues	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					
	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	\$2,506,815		\$2,991,815	
Expenses	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)					
	17	Compensation of officers, directors, and trustees					
	18	Other salaries and wages		\$383,000	\$1,323,000		
	19	Interest expense					
	20	Occupancy (rent, utilities, etc.)			\$135,000		
	21	Depreciation and depletion					
	22	Professional fees					
	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		

**Part IX Financial Data (Continued)**

<b>B. Balance Sheet (for your most recently completed tax year)</b>		Year End:
		(Whole dollars)
<b>Assets</b>		
1	Cash . . . . .	<b>1</b>
2	Accounts receivable, net . . . . .	<b>2</b>
3	Inventories . . . . .	<b>3</b>
4	Bonds and notes receivable (attach an itemized list) . . . . .	<b>4</b>
5	Corporate stocks (attach an itemized list) . . . . .	<b>5</b>
6	Loans receivable (attach an itemized list) . . . . .	<b>6</b>
7	Other investments (attach an itemized list) . . . . .	<b>7</b>
8	Depreciable and depletable assets (attach an itemized list) . . . . .	<b>8</b>
9	Land . . . . .	<b>9</b>
10	Other assets (attach an itemized list) . . . . .	<b>10</b> <b>None</b>
11	<b>Total Assets (add lines 1 through 10)</b> . . . . .	<b>11</b>
<b>Liabilities</b>		
12	Accounts payable . . . . .	<b>12</b>
13	Contributions, gifts, grants, etc. payable . . . . .	<b>13</b>
14	Mortgages and notes payable (attach an itemized list) . . . . .	<b>14</b>
15	Other liabilities (attach an itemized list) . . . . .	<b>15</b>
16	<b>Total Liabilities (add lines 12 through 15)</b> . . . . .	<b>16</b>
<b>Fund Balances or Net Assets</b>		
17	<b>Total fund balances or net assets</b> . . . . .	<b>17</b>
18	<b>Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)</b> . . . . .	<b>18</b> <b>None</b>
19	Have there been any substantial changes in your assets or liabilities since the end of the period shown above? If "Yes," explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Part X Public Charity Status**

Part X is designed to classify you as an organization that is either a **private foundation** or a **public charity**. Public charity status is a more favorable tax status than private foundation status. If you are a private foundation, Part X is designed to further determine whether you are a **private operating foundation**. (See instructions.)

- 1a 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.
- 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 opinion 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?  Yes  No
- 5 If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below. You may check only one box.
 

The organization is not a private foundation because it is:

  - a 509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Schedule A.
  - b 509(a)(1) and 170(b)(1)(A)(ii)—a **school**. Complete and attach Schedule B.
  - c 509(a)(1) and 170(b)(1)(A)(iii)—a **hospital**, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C.
  - d 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f, g, or h or a publicly supported section 501(c)(4), (5), or (6) organization. Complete and attach Schedule D.

**Part X Public Charity Status (Continued)**

- e 509(a)(4)—an organization organized and operated exclusively for testing for public safety.
- f 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a college or university that is owned or operated by a governmental unit.
- g 509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.
- h 509(a)(2)—an organization that normally receives not more than one-third of its financial support from gross investment income and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).
- i A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status.

- 6 If you checked box g, h, or i in question 5 above, you must request either an **advance** or a **definitive ruling** by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.
- a **Request for Advance Ruling:** By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, *Extending the Tax Assessment Period*, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at [www.irs.gov](http://www.irs.gov) or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling.

**Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code**

For Organization

.....  
 (Signature of Officer, Director, Trustee, or other authorized official)

.....  
 (Type or print name of signer)

.....  
 (Date)

.....  
 (Type or print title or authority of signer)

For IRS Use Only

.....  
 IRS Director, Exempt Organizations

.....  
 (Date)

- b **Request for Definitive Ruling:** Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii).
- (i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses. \_\_\_\_\_
- (b) Attach a list showing the name and amount contributed by each person, company, or organization whose 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 of Revenues and Expenses, attach a list showing the name of and amount received from each **disqualified person**. If the answer is "None," check this box.
- (b) For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box.

- 7 Did you receive any unusual grants during any of the years shown on Part IX-A. Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual.  Yes  No



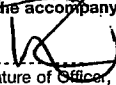
**Part XI User Fee Information**

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](http://www.irs.gov) and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.*

- 1 Have your annual gross receipts averaged or are they expected to average not more than \$10,000?  Yes  No  
 If "Yes," check the box on line 2 and enclose a user fee payment of \$300 (Subject to change—see above).  
 If "No," check the box on line 3 and enclose a user fee payment of \$750 (Subject to change—see above).
- 2 Check the box if you have enclosed the reduced user fee payment of \$300 (Subject to change).
- 3 Check the box if you have enclosed the user fee payment of \$750 (Subject to change).

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please  
Sign  
Here

  
 (Signature of Officer, Director, Trustee, or other authorized official)

*Donna Travis*  
 (Type or print name of signer)

*12/21/2013*  
 (Date)

*Chairman*  
 (Type or print title or authority of signer)

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

Form **1023** (Rev. 6-2006)

**Schedule B. Schools, Colleges, and Universities**

If you operate a school as an activity, complete Schedule B

**Section I Operational Information**

- 1a** Do you normally have a regularly scheduled curriculum, a regular faculty of qualified teachers, a regularly enrolled student body, and facilities where your educational activities are regularly carried on? If "No," do not complete the remainder of Schedule B.  **Yes**  **No**
- b** Is the primary function of your school the presentation of formal instruction? If "Yes," describe your school in terms of whether it is an elementary, secondary, college, technical, or other type of school. If "No," do not complete the remainder of Schedule B.  **Yes**  **No**  
**Elementary and Secondary. See attached**
- 
- 2a** Are you a public school because you are operated by a state or subdivision of a state? If "Yes," explain how you are operated by a state or subdivision of a state. Do not complete the remainder of Schedule B.  **Yes**  **No**
- b** Are you a public school because you are operated wholly or predominantly from government funds or property? If "Yes," explain how you are operated wholly or predominantly from government funds or property. Submit a copy of your funding agreement regarding government funding. Do not complete the remainder of Schedule B.  **Yes**  **No**  
**See attached**
- 
- 3** In what public school district, county, and state are you located?
- 
- 4** Were you formed or substantially expanded at the time of public school desegregation in the above school district or county?  **Yes**  **No**
- 
- 5** Has a state or federal administrative agency or judicial body ever determined that you are racially discriminatory? If "Yes," explain.  **Yes**  **No**
- 
- 6** Has your right to receive financial aid or assistance from a governmental agency ever been revoked or suspended? If "Yes," explain.  **Yes**  **No**
- 
- 7** Do you or will you contract with another organization to develop, build, market, or finance your facilities? If "Yes," explain how that entity is selected, explain how the terms of any contracts or other agreements are negotiated at arm's length, and explain how you determine that you will pay no more than fair market value for services.  **Yes**  **No**
- Note.** Make sure your answer is consistent with the information provided in Part VIII, line 7a.
- 
- 8** Do you or will you manage your activities or facilities through your own employees or volunteers? If "No," attach a statement describing the activities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and how these managers were or will be selected. Also, submit copies of any contracts, proposed contracts, or other agreements regarding the provision of management services for your activities or facilities. Explain how the terms of any contracts or other agreements were or will be negotiated, and explain how you determine you will pay no more than fair market value for services.  **Yes**  **No**
- Note.** Answer "Yes" if you manage or intend to manage your programs through your own employees or by using volunteers. Answer "No" if you engage or intend to engage a separate organization or independent contractor. Make sure your answer is consistent with the information provided in Part VIII, line 7b.

**Section II Establishment of Racially Nondiscriminatory Policy**

Information required by Revenue Procedure 75-50.

- 1** Have you adopted a racially nondiscriminatory policy as to students in your organizing document, bylaws, or by resolution of your governing body? If "Yes," state where the policy can be found or supply a copy of the policy. If "No," you must adopt a nondiscriminatory policy as to students before submitting this application. See Publication 557.  **Yes**  **No**
- 
- 2** Do your brochures, application forms, advertisements, and catalogues dealing with student admissions, programs, and scholarships contain a statement of your racially nondiscriminatory policy?  **Yes**  **No**
- a** If "Yes," attach a representative sample of each document.
- b** If "No," by checking the box to the right you agree that all future printed materials, including website content, will contain the required nondiscriminatory policy statement.
- 
- 3** Have you published a notice of your nondiscriminatory policy in a newspaper of general circulation that serves all racial segments of the community? (See the instructions for specific requirements.) If "No," explain.  **Yes**  **No**
- 
- 4** Does or will the organization (or any department or division within it) discriminate in any way on the basis of race with respect to admissions; use of facilities or exercise of student privileges; faculty or administrative staff; or scholarship or loan programs? If "Yes," for any of the above, explain fully.  **Yes**  **No**

**Schedule B. Schools, Colleges, and Universities (Continued)**

- 5 Complete the table below to show the racial composition for the current academic year and projected for the next academic year, of: (a) the student body, (b) the faculty, and (c) the administrative staff. Provide actual numbers rather 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) Student Body		(b) Faculty		(c) Administrative Staff	
	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year
<b>Total</b>						

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

Racial Category	Number of Loans		Amount of Loans		Number of Scholarships		Amount of Scholarships	
	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year
<b>Total</b>								

- 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