CHARTER SCHOOL APPLICATION ASSURANCE STATEMENT

2018 REQUEST FOR PROPOSALS – CHICAGO PUBLIC SCHOOLS

Submit these forms with the school proposal application.

(A separate copy must be initialed and signed by each individual on the school's design team or who intends to serve as a charter school board member.)

Charter Public School Name:	_Evelyn Ann Charter Institute	
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Each design team member and identified school board member (current, intended, potential, etc.) must sign a separate Assurances Statement.

By initialing each of the boxes below, you accept responsibility for ensuring that the school will meet this requirement.

Assurances	Initial below
Admission Process for Students I assure that the admissions process for the proposed charter school will not discriminate against anyone on the basis of disability, race, creed, color, gender, national origin, religion, ancestry, or need for special education services (105 ILCS 5/27A-4(a))	
I assure that enrollment in the proposed charter school shall be open to any pupil residing within District 299, unless an attendance boundary is assigned to the school, in which case students residing within an attendance boundary may be given priority for enrollment, but must not be required to attend the charter school. (105 ILCS 5/27A-4(d))	SC
I assure that if there are more eligible applicants for enrollment in the proposed charter school than there are spaces available, successful applicants shall be selected by lottery, with preference only given to siblings of (105 ILCS 5/27/A-4(h))	
Annual Report I assure that the proposed charter school will retain an outside, independent contractor to conduct an annual audit of the school's finances and will annually submit a copy of that audit and the Form 990 to the to the Illinois State Board of Education by December 1st . (105 ILCS 5/27A-5(f))	SC
Board Governance I assure that the charter school is administered and governed by its Board of Directors or other governing body in the manner provided by its charter. (105 ILCS 5/27A-5(b)) I assure that the governing body of the charter school will comply with the Freedom	

of Information Act (5 ILCS 140/1 et seq.) and the Open Meetings Act. (5 ILCS 120/1 et seq.; 105 ILCS 5/27A-5(b))	
Ethics	
I personally state that I am not a current employee of the Chicago Board of Education who is involved in evaluating charter applications or approving charter applications in any way. (Section XI of the Chicago Public Schools Code of Ethics). I personally state that if I am a member of the proposed school's Design Team and am also a current employee of the Chicago Board of Education, (1) I have not used Board time or resources to complete any activities related to planning or development for the proposed school and (2) if I am being paid to complete activities related to planning or development for the proposed school, I have submitted Secondary Employment Approval Form for activities related to planning or development for the proposed school (Section XIII of the Chicago Public Schools Code of Ethics).	SC
Directors that I am not an employee (Section XI of the Chicago Public Schools Code of Ethics).	
Criminal Background Checks	SC
I assure that the proposed school will comply with Sections10-21.9 and 34-18.5 of the Illinois School Code regarding criminal history records checks and checks of the Statewide Sex Offender Database and Statewide Child Murderer and Violent Offender Against Youth Database of applicants for employment (105 ILCS 5/27A-5(g)(1))	
Student Records	SC
I assure that the proposed charter school will adopt policies in compliance with data privacy requirements under the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99), and the Illinois School Student Records Act (ISSRA) (105 ILCS 10)	
Discipline Policy	SC
I assure that the school Board's discipline rules will provide due process for students and maintain procedural safeguards for students with disabilities/impairments. (20 USC 1415; 34 CFR 300.530 et seq., 105 ILCS 5/34-84a,)	
Filing with the State as a Non-Profit Corporation	SC
I assure that the proposed charter school shall be organized and operated as a nonprofit corporation or other discrete, legal, nonprofit entity authorized under the laws of the State of Illinois. (105 ILCS 5/27A-5(a)) Hiring and Employment Practices	SC
I assure that the proposed school will operate in compliance with all provisions for	
i assure that the proposed school will operate in compilance with all provisions for	

positions with teachers certified under Article 21 of the Illinois School Code (105 ILCS 5/27A-10(c)).	
Public School	SC
I assure that the proposed school will operate as a charter public school that: is a public, nonsectarian, nonreligious, non-home based, and non-profit school. (105 ILCS 5/27A-5(a)). is organized and operated as a nonprofit corporation or other discrete, legal, nonprofit entity authorized under the laws of the State of Illinois. (105 ILCS 5/27A-5(a)). is not a conversion of any existing private, parochial, or non-public school. (105 ILCS 5/27A-6.5(a))	
Public School Fee Law	SC
I assure that the proposed school shall not charge tuition; but may charge reasonable fees for textbooks, instructional materials, and student activities (105 ILCS 5/27A-5(e))	
Special Education	SC
I assure the proposed school will provide services as required under the Individuals with Disabilities Education Act (IDEA) and comply with all IDEA requirements. (20 U.S.C. §1415; 34 C.F.R. s. 300; 20 U.S.C. §1415; 34 C.F.R. s. 301; District Special Education Policies & Procedures)	
By placing my initials next to each of the preceding statements and by signing my nar acknowledge that:	ne here, I
I have reviewed the preceding assurances and agree to be responsible for fulf the expectations contained in these assurances even if that means actively re current state and/or federal rules, laws and other requirements referenced h	searching
) I understand that, as a member of the board, of this charter school, I am resp ensuring that our school complies with all assurances referenced above.	onsible for
Signature:Dr. Sharon CROWE Date:4-18-18	
Print Name: DR. SHARON CROWE	
Home Address:	
Phone Number(s): Email Address:	
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