

CHARTER SCHOOL OFFICE  
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Tel. 518/474-1762; Fax 518/474-7558; [charterschools@nysed.gov](mailto:charterschools@nysed.gov)

To: [REDACTED] [REDACTED] [REDACTED]  
From: [REDACTED] M [REDACTED]  
Subject: N [REDACTED]  
Date: [REDACTED]

Name of Charter School: [REDACTED]  
BEDS Code: [REDACTED]  
District/CSD of Location: [REDACTED] [REDACTED]  
Type of Request: [REDACTED]  
Current Charter Term: [REDACTED] / [REDACTED] / [REDACTED] - [REDACTED] / [REDACTED] / [REDACTED]  
Proposed New Charter Term: [REDACTED]  
Management Company: [REDACTED]  
Grades Served in the Current Academic Year: K-9  
Current Approved Maximum Enrollment: [REDACTED]  
Proposed Revision(s): [REDACTED] [REDACTED] [REDACTED]

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, on the next business day [REDACTED]

15 business days

[REDACTED]

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