DELETING GRADES OR RESCIND A SCHOOL CHARTER

Notify either your association whose standards have been approved by the Ohio Department of Education & Workforce, Office of Nonpublic Educational Options of your intent to (check the appropriate box below):

School Namo		
School Name		
School Address		
City	Zip	IRN#
County	E-Mail Address	
Phone Number		
Principal's First and Last Name (Pr	int)	
Principal's Signature		
Date of Signature	Phone	
Public School District in which Cha	rtered Nonpublic school is loca	ated
Our school wishes to do ONE of the	e following (select one box belc	ow):
□ Delete Grade(s)		
Circle grade(s) to remove: K 1 2 3		
	ident records should be maintained by scho	closing date and ensure student records are kept with the most recent ol district that received auxiliary services funding under division (E) of
☐ Rescind the existing school char	ter (close the school)	Official Closing Date
☐ I have contacted the district representative where my school is located regarding records storage.		
Name of person responsible for stu	udent records	
Contact Number		
Name of location and address whe	re student cumulative records	will be kept:

Please send the completed form to your association whose standards are Department approved OR to the Department via email or by mail to:

chartered.nonpublic.schools@education.ohio.gov

or

Ohio Department of Education & Workforce Office of Nonpublic Educational Options 25 S. Front Street, MS 309 Columbus, Ohio 43215-4183

