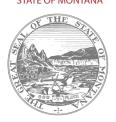
PO Box 202501 Helena, MT 59620-2501 406-444-3680 www.opi.mt.gov

OFFICE OF PUBLIC INSTRUCTION STATE OF MONTANA





Request to Open a New School

School Information

District Name				
New School Name				
Please indicate school type	lew Public Charter School under an Existing Local School Board lew Public Charter District			
Grade level	□ Elementary □ Middle □ Junior High □ Junior High School within a High School □ High School			
Contact Information				
Authorized Representa	ative			
Posi	ition			
Ph	one			
E	mail			
County Superintend	dent			
E	mail			
Ph	one			
	Please check box to confirm that County Superintendent has been made aware of Public Charter School or District proceedings			

Documentation Required

Please follow the Opening of Schools statutes as outlined in <u>Title 10, Chapter 6, Part 5, MCA</u>. Note there are separate statutes for school types. Please review the statue which aligns with your school: <u>Elementary School, High School, Junior High School</u>, and <u>Junior High School When High School</u> <u>District Operates A County High School</u>. Follow the Steps in Document Submission to send files securely.

For all **BPE Approved Public Charter** applications, please include the following items:

To open a **Public Charter School** in accordance with <u>20-6-8, MCA</u>, after completing the Board of Public Education application and approval process, this document must be completed by the requesting entity and submitted to the Office of Public Instruction ("OPI") with all related documents required. See checklist below.

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OFFICE OF PUBLIC INSTRUCTION STATE OF MONTANA





	Letter of Intent on School Letterhead, signed by authorized representative				
	Completed Board of Public Education Public Charter School Application				
	Local school board letter of approval				
	Board of Public Education approval and contract				
Ne	w School Districts only, complete	e the following:			
	Special Education Requiremer	nts			
D	osition	Staff Name or Contractor	License or Contract Number		
Special Education Director		Stall Name of Contractor	License of Contract Number		
	pecial Education teacher(s)				
School Psychologist					
	peech/Language Pathologist				
	ccupational Therapist				
	nysical Therapist				
Triysical Metapist					
Sı	ubmission of Docume	ents			
File	es must be remitted via the secure	File Transfer Service.			
1.	Go to https://transfer.mt.gov . You will have to register if you have not already.				
2.	Select "Send a New File"				
3.	Upload the file(s) you wish to send. Please ensure all required documents listed above are included, as well as this Request form.				
4.	Select "Continue"				
5.	Select the recipient option "State Employee or login.mt.gov Customer" under the General box				
6.	Complete the recipient information. Please send these documents to School Finance Research Analyst Enly Kovis at enly.kovis2@mt.gov .				
7.	Input a brief message which details the file information. This can simply be your school's name and "Application Documents".				
8.	Select "Send"				
9.	Send a confirmation email to OPISchoolFinance@mt.gov to inform OPI that the submission is complete.				
Αι	uthorized Representa	tive Signature			
Sig	gnature	Date			