

Non-Profit Chartering Agency Form

Louisiana Department of Education Division

of Information Management Data

Management Section

P.O. Box 94064

Baton Rouge, LA 70804-9064

Phone: (225) 342-2505 FAX: (225) 342-1912

Please complete this form for Types 2 and 5 Charter School Systems.

1.

Non-Profit Agency Name: _____

Non-Profit Agency Tax ID#: _____

DUNS Number#: _____

Physical Address for Non-Profit: _____

City: _____ State and Zip: _____

Mailing Address for Non-Profit: _____

City: _____ State and Zip: _____

2.

Board President's Full Name: _____

Telephone Numbers: _____ Cell: _____

Physical Address for Non-Profit: _____

City: _____ State and Zip: _____

Mailing Address for Non-Profit: _____

City: _____ State and Zip: _____

Board President's Email Address: _____

3.

Does the Non-Profit Chartering Agency have a contract with a Management company? Yes ___ No ___

If yes, please provide the following:

Management Company Name: _____

Physical Address for Non-Profit: _____

City: _____ State and Zip: _____

Mailing Address for Non-Profit: _____

City: _____ State and Zip: _____

Administrator's Full Name: _____

Telephone Numbers: _____ Cell: _____

Board President's Email Address: _____

4.

Is the School Leader the same person as the School System's Chief Executive Officer? Yes ___ No ___

If no, please provide the following:

Chief Executive Officer's Full Name: _____

Telephone Numbers: _____ Cell: _____

Physical Address for Non-Profit: _____

City: _____ State and Zip: _____

Mailing Address for Non-Profit: _____

City: _____ State and Zip: _____

Board President's Email Address: _____

Comments:

Superintendent

Sponsor Site Coordinator