Kentucky Board of Education
701 KAR 8:030
Notice of Appeal

1. Charter school/applicant name: _____

2. School district in which charter school lies/would lie: _____

3. Charter school/applicant contact's name and title: _____

4. Phone number of the charter school contact/applicant: _____

5. Mailing address of charter school contact/applicant: _____

6. Email address of the charter school contact/applicant: _____

7. Name of any legal counsel (and contact information) representing the charter school/applicant:
_____

8. Name of the authorizer: _____

9. Indicate if this is the first or second notice of appeal to the Board on this authorizer decision: _____

10. a. Is the charter school/applicant requesting a hearing on this appeal or waiving its right to a hearing on this appeal?
Requesting a hearing on this appeal _____
Waiving its right to a hearing on this appeal _____

b. If a hearing is requested, is the charter school/applicant requesting the hearing on this appeal be held in the school district in which the charter school lies/would lie? Yes ___ No ___

11. KRS 160.1595 limits the grounds of an appeal to the grounds specified by the authorizer for the denial of an application or charter contract amendment request, or the nonrenewal or revocation of a charter, or the unilateral imposition of conditions, whichever is being appealed. Specify the type of authorizer decision you are appealing and provide a brief statement below of the reasons the charter school contends the authorizer's decision was in error.

_____

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12. Attach to your notice of appeal a copy of authorizer's notice to the charter school/applicant of the decision on appeal.

13. For an appeal by a charter school, attach to your notice of appeal a copy of the agenda and other Open Meetings documentation of the charter school board of directors' decision to appeal the authorizer's decision.

14. Attach to your notice of appeal any necessary additional documentation for your appeal of the authorizer's decision.

_____

Applicant/Charter School Contact's Name Charter School Board of Directors Chair's Name

_____

Applicant/Charter School Contact's Signature Charter School Board Chair Signature

_____

Date