

2020 CHARTER SCHOOL APPLICATION

VISION ACADEMY CHARTER SCHOOL OF INNOVATION



Submitted to
Upper Darby School District
November 12, 2020

CHARTER SCHOOL APPLICATION

APPLICATION FACT SHEET

This application fact sheet is intended to be a "finger-tip" summary of your application. The information furnished below must be an accurate representation of the application and must correspond to the information provided in the body of the application.

Proposed Charter School Name (Must Include "Charter School" in the Title)

Vision Academy Charter School of Innovation

School Location (City/Town and Zip Code): **4 Rockbourne Rd, Clifton Heights, PA 19018**

County: Delaware

Intermediate Unit: DCIU#25

Proposed Start Date September 2021 Date of School Board Approval _____

Federal Employer Identification Number _____ Aun # _____ (*Supplied by PDE*)

Contact Person:

First: Anthony Middle: J Last: Mooring

Organization: Vision Academy Charter School of Innovation

Mailing Address: 4 Rockbourne Rd, Clifton Heights, PA 19018

Telephone 267-225-3824 Fax Number _____ E-mail: visionesinnovation@gmail.com

Founding Coalition	Staff: Total Number of Teachers	Projected Student Enrollment Year 1-5
Parent _____	Grade Level: <u>Opening k-4, grow k-8</u>	1 st Year: <u>200</u>
Teachers _____	Elementary/Middle: <u>10, grow to 18</u>	2 nd Year: <u>240</u>
Business Partnership _____	Secondary _____	3 rd Year: <u>280</u>
Community Based Org. _____		4 th Year: <u>320</u>
Museum _____		5 th Year: <u>360</u>
Higher Education _____	Age of Kindergarten <u>5</u>	
Other Founding Group <u>X</u>	Age of Beginners <u>6</u>	
	Circle Appropriate Grade: <u>K 1 2 3 4 5 6 7 8 9 10 11 12</u>	

Does the charter applicant have an existing retirement system? Yes No X

Does the applicant group presently have access to a facility suitable for a school? Yes X No

In what type of community will the Charter School be located?

Urban X Suburban X Rural _____ Other _____

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