

Enrollment Plan for Adult High Schools Authorized by the Indiana Charter School Board

1. Please complete all appropriate grey cells. The first seven (7) lines are required.
2. The Enrollment Plan Approval Date on line 13 is the date the initial Enrollment Plan was approved as part of a Charter Application.
3. Enrollment Plan Amendments list the amendments, effective year, and approval date of those amendments to the school's Enrollment Plan that are approved pursuant to ICSB's Enrollment Plan Amendment Policy.

Charter School Network:	Excel Centers for Adult Learners
Name of Charter School:	The Excel Center - Muncie
Designated Representative:	Betsy Delgado
Contact Information:	bdelgado@goodwillindy.org 317-524-4380
Grade Span (Format: "X-X"):	AHS
Maximum Enrollment:	275
Year 1 (Format: "YYYY"):	2023
Initial Approval Date:	

Yearly Enrollment By Grade Level

Grade Level	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>	<u>Maximum</u>
	2023-24	2024-25	2025-26	2026-27	2027-28	
9						
10						
11						
12						
AHS	275	280	280	280	280	280
Total Enrollment (School):	275	280	280	280	280	280

Approved Amendments
(Completed by ICSB)

Approval Date:

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Amended Enrollment

0	0	0	0

Amendment Notes

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Proposed Amendment to Enrollment Plan

1. Complete this worksheet only as part of a request to amend your existing Enrollment Plan. Approved amendments will be reflected on your official Enrollment Plan on Sheet 1.
 2. Complete all applicable grey cells. The first seven (7) lines are required.
 3. Amendment requests must fit within the maximum enrollment for the Network as set forth in the State Budget for the appropriate year.

Charter School Network: _____
 Name of Charter School: _____
 Designated Representative: _____
 Contact Information: _____
 Grade Span (Format: "X-X"): _____
 Maximum Enrollment: _____
 Year 1 (Format: "YYYY"): _____

Current Yearly Enrollment By Grade Level
 (Should be the same as the information on Sheet 1)

Grade Level	Year 1	Year 2	Year 3	Year 4	Year 5	Maximum
9						
10						
11						
12						
AHS						
Total Enrollment:	0	0	0	0	0	0

Proposed Yearly Enrollment By Grade Level

Grade Level	Year 1	Year 2	Year 3	Year 4	Year 5	Maximum
9						
10						
11						
12						
AHS						
Total Enrollment:	0	0	0	0	0	0

Professional or Contracted Services:

The annual financial audit as well as insurance and contracted security were all projected with slight increases over the 5-year term. All other elements were increased by 1-2%.

Facilities Expense:

The rental rate to our landlord is expected to remain flat over this projection given the funding assumptions.

Depreciation will decrease significantly over this projection period since initial build-out will be fully depreciated. The remaining depreciation is assuming the availability of funds from GEI to refresh the building.

Other Expenses:

Management fees to Goodwill Education Initiatives (GEI) have been reduced in this projection to reflect the support provided by GEI given this funding scenario.

Other Financial Considerations, Depending on Potential State Funding Changes:

If the Indiana General Assembly should make changes to state funding, GEI has several layers of support for the Kokomo Excel Center that will be enacted as needed once future funding is known. These supports include, use of GEI reserves, applying for grants from the Goodwill Foundation (part of our parent Goodwill organization – Goodwill of Central and Southern Indiana), and the sharing of some specialized staff positions between two or more of our Excel Centers.

10. Recipients will indemnify and hold harmless ICSB, the State of Indiana, all school corporations providing funds to the charter school (if applicable), and their officers, directors, agents and employees, and any successors and assigns from any and all liability, cause of action, or other injury or damage in any way relating to the charter school or its operation.
11. Recipients understand that ICSB may revoke the charter if ICSB deems that the recipient is not fulfilling the academic goals, fiscal management, or legal and operational responsibilities outlined in the charter.

I, the undersigned, am an authorized representative of the charter school applicant and do hereby certify that the information submitted in this application is accurate and true to the best of my knowledge and belief. In addition, I do hereby certify to the assurances contained above.

Betsy Delgado

Name



Signature

10/18/2022

Date