

## Indiana Charter School Board

### LETTER OF INTENT TO FILE A CHARTER APPLICATION

All applicants who wish to submit a charter application to the Indiana Charter School Board (“ICSB”) must first file a Letter of Intent (“LOI”). Submission of a LOI does not obligate the applicant to submit a full application. The individual identified as the applicant group’s **designated representative** will serve as the point of contact for all communications from ICSB staff, including specific information about the application submission process. See [Exhibit A](#) for definitions.

**Type of submission:**

|  |  |
|--|--|
| <input type="checkbox"/> New Operator                | <input checked="" type="checkbox"/> Experienced Operator |
| <input type="checkbox"/> Existing Non-Charter School | <input type="checkbox"/> Change in Authorizer            |
| <input type="checkbox"/> Replication Request         | <input type="checkbox"/> Other Request                   |

**(Proposed) School Name:** Sullivan County School of Choice

**(Proposed) School Location:** Graysville, IN

**Legal name of Organizer:** Sullivan County School of Choice Corporation

**Organizer Address:** P.O. Box 41 Graysville, IN 47852

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**Designated Representative:** Ashley Stantz Trotter

**Contact information:** 

**Opening Year/Effective Date:** August 2023

**(Proposed) Grade Span and Enrollment:**

| Academic Year    | Grade Levels Served | Total Enrollment |
|------------------|---------------------|------------------|
| Year 1           | K-8                 | 85               |
| At Full Capacity | K-8                 | 180              |

Application Specific Questions

(answer only those questions relevant to your selected submission type)

1. Experienced Operator

If you currently operate or are the governing body of one or more charter schools, please provide the name and location of the school(s):

**Rural Community Academy, Graysville, IN 47852**

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If you plan to contract or partner with an Education Service Provider, please identify the Education Service Provider(s) you are considering:

**N/A**

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2. Existing Non-Charter School

If you are seeking a charter for a currently operating non-charter school, please provide the name, location, and type (public, private) of the school:

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3. Change of Authorizer

If you are proposing to submit a Change in Authorizer Application, have you received a notice of termination or nonrenewal of the school's charter agreement from your current authorizer?

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Who is your current authorizer?

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4. Replication Request

If you are proposing a replication of an existing school that you are currently operating, please provide the name and location of the existing school:

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5. Other Request

Please specify the nature of your proposal:

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**Signature of Designated Representative**

*Ashley Stantz Hottel*

Signature

03/08/2023

Date