**CERTIFICATION OF COMPLETENESS**

**Renewal Affiliated Charter School**

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| Charter School Name: |       |
|  |  |  |  |
| Lead Petitioner Name: |       | Submission Date:  |       |

I hereby certify that the information submitted in this petition is true to the best of my knowledge and belief.

I further certify that this petition is complete and contains each of the requirements identified in the Renewal Affiliated Charter School Application Intake Checklist (Please include completed checklist).

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| Signature of Lead Petitioner: |  | Date: |       |

|  |  |
| --- | --- |
| Print Name: |       |

|  |  |
| --- | --- |
| Address: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |       | Email: |       |