**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: |  |