CHARTER SCHOOL TEACHER APPROVAL SIGNATURE PAGE

| (Name of Proposed Charter School) |
|---|
| The proposed charter school, seeking to open in the 2025-2026 school year, will be a (check the box that best describes the status of the proposed charter school): □ Start-up Charter School: Total number of teachers to be employed at the school during the first year of operation (Signatures of 50% required) □ Conversion Charter School: Total number of permanent status teachers currently employed at the school (Signatures of 50% required) |
| WE, THE UNDERSIGNED CREDENTIALED TEACHERS, have read and agree to the contents of the attached charter school proposal dated Our signatures indicate that we are meaningfully interested in being employed as teachers at this charter school during the first year of operation. |

| | Date of | Teacher's Name (Please Print) | Street Address | Phone # including area code | Type of Credential(s) Held | CA Credential Number(s) | Credential Expiration Date(s) | College Degree(s) Held |
|--|-----------|-------------------------------|----------------|-----------------------------|----------------------------------|-------------------------------|-------------------------------------|------------------------------|
| | Signature | Teacher's Signature | City, Zip Code | | | | | |
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