/ THE UNIVERSITY OF THE STATE OF NEW YORK

CHARTER SCHOOL OFFICE ROOM 5N EB Mezzanine, 89 WASHINGTON AVENUE, ALBANY NY, 12234 Tel. 518/474-1762; Fax 518/474-7558; charterschools@nysed.gov hearing.

- 3. Copies of any and all written records or comments generated from this hearing within 15 business days after the hearing.
- 4. A summary (shown below) outlining the date and time of the hearing, the number of people who attended, the number of speakers, the number of people in favor, and the number of people opposed, and any comments received in the following format:

The required	public hearing	was held by	the[full	name of S	ichool [District/New	York	Сtу
Department of	Education] on	[Date]	, 20[YY]	[Numbe	er]	people atter	nded,	and
[Number]_	spoke	[Number]	were in fa	vor of the [r	enewal	l/revision/me	erger]	and
[Number]_	were oppo	osed.						

All documentation listed above must be submitted to charterschools@nysed.gov. The subject line of the e-mail Public Hearing.

In addition, as stated above, the Board of Regents welcomes all public comments on the proposed application, including those related to the programmatic and fiscal impact of the proposed application on other public and nonpublic schools in the area. Comments can be submitted during the public hearing or can be submitted to charterschools@nysed.gov with a subject line of School District Response to [Name of Charter School] Application

Thank you for your assistance with this matter. If you have any questions, please contact the Charter School Office at charterschools@nysed.gov or (518) 474-1762.