

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

School District in which Syracuse Academy of Science Charter School is L

2. Written confirmation that this hearing was held, no later than the _____ following the hearing.
3. Copies of any and all written records or comments generated from this hearing within _____ after the hearing.
4. _____ (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 _____ :

The required public hearing was held by the ____ [full name of School District/New York City Department of Education] on ____ [Date] ____, 20[YY]. ____ [Number] ____ people attended, and ____ [Number] ____ spoke. ____ [Number] ____ were in favor of the [renewal/revision/merger] and ____ [Number] ____ were opposed.

All documentation listed above must be submitted to charterschools@nysed.gov. The subject line of the e-mail should be: V # o 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.