

2018 CHARTER SCHOOL PROPOSAL Letter of Intent and Demonstration of Eligibility

This letter of intent (LOI) serves to provide a formal notice to the Mississippi Charter School Authorizer Board (MCSAB) regarding our intention to submit a proposal for opening a charter school.

Name of applicant organization: Argie Peters Logan STEM Academy
 Primary contact person: Phelix Logan
 Mailing address:
 Street/PO Box: 106 Bain Street – PO Box 268
 City: Durant State: MS Zip: 39063
 Phone Number: Day: 214-734-8608 Evening: 214-642-4976
 Email: phelixlogan@gmail.com

We plan to apply as a:

- New operator Existing operator Conversion operator

Do any of the following describe your organization, or the school/campuses you will propose?

- Seeks approval for multiple campuses under a single charter.
 Already operates schools elsewhere in the US.
 Will contract or partner with an education service provider

If so, identify the provider:

- This provider already operates schools in this state or elsewhere in the US.

Provide the names of all members of the applicant team *(add lines as needed)*:

Full Name	Current Job Title and Employer	Position with Proposed School
Phelix Logan	Teacher Durant Public School	School Organizer
Argie Peters Logan	Retired Teacher Holmes County Schools	School Organizer

Provide the names of all members of the proposed governing board of the school *(add lines as needed)*:

Full Name	Current Job Title and Employer	Position with Proposed School
Phelix Logan	Teacher Durant Public School	School Organizer
Argie Peters Logan	Retired Teacher Holmes County Schools	School Organizer

Provide the names of all members of the proposed leadership team of the school *(add lines as needed)*:

Full Name	Current Job Title and Employer	Position with Proposed School
Phelix Logan	Teacher Durant Public School	School Organizer
Argie Peters Logan	Retired Teacher Holmes County Schools	School Organizer

COMPLETE THIS PART FOR EACH SCHOOL/CAMPUS YOU INTEND TO PROPOSE. Duplicate as needed.

Proposed School/Campus Name	Opening year	Grades served year one	Grades served at capacity
Argie Peters Logan STEM Academy	2019	K-3	K-5

Proposed Location

School District: <i>Identify the school district where the charter school will be located.</i>	Holmes County School District
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Model/Specialty (check all that apply)			
<input type="checkbox"/> Alternative	<input type="checkbox"/> Career and Technical Education	<input type="checkbox"/> Disability (list):	<input type="checkbox"/> Montessori
<input type="checkbox"/> Arts	<input checked="" type="checkbox"/> College Prep	<input type="checkbox"/> Language Immersion	<input checked="" type="checkbox"/> STEM
<input type="checkbox"/> Blended Learning	<input type="checkbox"/> Other (list):	<input type="checkbox"/> Military	

Proposed School Description	
Provide the mission statement of the proposed school.	The mission of Argie Peters Logan STEM Academy is to educate students to excel at home, in the community and in the world at-large.
In 100 words or less, briefly describe the instructional focus of the proposed school.	The instructional focus at Argie Peters Logan STEM Academy is to educate at the foundational reading and writing level. This foundation prepares students to meet the challenges of the sciences, technology, engineering, and mathematics. This will be achieved with a hands-on approach using project-based activities. The main instructional educational focus will be student-centered.

Certification

We understand that upon receipt of this letter and accompanying documentation, the MCSAB will evaluate our organization and applicant team against the legal eligibility requirements to determine whether we are eligible to hold a charter in the state of Mississippi.

We further understand that in order to be considered in this RFP cycle, we must submit a complete proposal by 3pm CST on May 8, 2018.

I certify that I have the authority to submit this LOI and that all information contained herein is complete and accurate, realizing that any misrepresentation could result in disqualification from the application process. The person named as the contact person for the application is so authorized to serve as the primary contact for this application on behalf of the organization.

Phelix Logan, School Organizer

Name, Role with Applicant Organization

Phelix Logan

Signature

03/02/2018

Date