

Kentucky Board of Education
701 KAR 8:030E
Notice of Appeal

1. Charter school/applicant name: Click or tap here to enter text.
2. District of location: Click or tap here to enter text.
3. Charter school/applicant contact's name and title: Click or tap here to enter text.
4. Phone number of the charter school contact/applicant: Click or tap here to enter text.
5. Mailing address of charter school contact/applicant: Click or tap here to enter text.
6. Email address of the charter school contact/applicant: Click or tap here to enter text.
7. Name of any legal counsel (and contact information) representing the charter school/applicant:
Click or tap here to enter text.
8. Name of the authorizer: Click or tap here to enter text.
9. Indicate if this is the first or second notice of appeal to the Board on this authorizer decision:
First Notice of Appeal Second Notice of Appeal
10. Is the charter school/applicant requesting a hearing on this appeal or waiving its right to a hearing on this appeal?
 - a. Requesting a hearing on this appeal: Yes No
 - i. If a hearing is requested, is the charter school/applicant requesting the hearing on this appeal be held in the school district in which the charter school lies/would lie? Yes No
 - b. Waiving its right to a hearing on this appeal: Yes No
11. KRS 160.1595 limits the grounds of an appeal to the grounds specified by the authorizer for the denial of an application or charter contract amendment request, or the nonrenewal or revocation of a charter, or the unilateral imposition of conditions, whichever is being appealed. Specify the type of authorizer decision you are appealing and provide a brief statement below of the reasons the charter school contends the authorizer's decision was in error.
Click or tap here to enter text.
12. Attach to your notice of appeal a copy of authorizer's notice to the charter school/applicant of the decision on appeal.

13. For an appeal by a charter school, attach to your notice of appeal a copy of the agenda and other Open Meetings documentation of the charter school board of directors' decision to appeal the authorizer's decision.
14. Attach to your notice of appeal any necessary additional documentation for your appeal of the authorizer's decision.

Applicant/Charter School Contact's Name: [Click or tap here to enter text.](#)

Applicant/Charter School Contact's Signature: _____

Charter School Board of Directors Chair's Name: [Click or tap here to enter text.](#)

Charter School Board of Directors Chair's Signature: _____

Date: [Click or tap here to enter text.](#)