

THE STATE EDUCATION DEPARTMENT / 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

To:School District in which Health Sciences Charter School is LocatedPublic and Nonpublic Schools in the Same Geographic Area as Health Sciences Charter School

From: David M. Frank, Executive Director

Subject: Notice of Receipt of and Pending Action on Charter School Renewal

Date: September 9, 2019

Name of Charter School: BEDS Code:	Health Sciences Charter School 140600860961
District/CSD of Location:	Buffalo Public Schools
Type of Request:	Renewal
Current Charter Term:	July 1, 2017 – June 30, 2020
Proposed New Charter Term:	July 1, 2020 – June 30, 2025
Management Company:	NA
Partner(s):	NA
Current Grades Served:	9-12
Current Maximum Approved Enrollment:	480
Proposed Revision(s):	NA

The renewal application of this school is being reviewed for possible action at an upcoming Board of Regents meeting.

Please note that pursuant to Education Law §2857(1) and 8 NYCRR §119.4 (available at <u>http://www.p12.nysed.gov/psc/aboutcharterschools/lawsandregs/law.html</u>), the school district of location is required to hold a public hearing to solicit comments from the community in connection with the foregoing application. The hearing, which is required to be held within the community that is potentially impacted by the charter school, **must be held within 30 calendar days of receipt of this letter**.

Please provide the following required documentation to the Charter School Office:

- 1. A copy of the public hearing notice, at the time of dissemination.
- 2. Written confirmation that this hearing was held, no later than the **next business day** following the hearing.
- 3. Copies of any and all written records or comments generated from this hearing within **15 business days** after the hearing, along with a summary 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,
 - For example: 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 <u>charterschools@nysed.gov</u>. The subject line of the e-mail should read "[Name of Charter School] Public Hearing."

In addition, the Board of Regents welcomes your comments on the proposed renewal, including those related to the programmatic and fiscal impact of the proposed renewal on other public and nonpublic schools in the area. Comments should be submitted to <u>charterschools@nysed.gov</u> 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 <u>charterschools@nysed.gov</u> or (518) 474-1762.