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 South Bronx Classical Charter School III is Located

Public and Nonpublic Schools in the Same Geographic Area as South Bronx Classical Charter School III

From: David M. Frank, Executive Director

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

Date: September 16, 2019

Name of Charter School: South Bronx Classical Charter School III

BEDS Code: 320900861084

District/CSD of Location: NYC CSD 9

Type of Request: Renewal

 Current Charter Term:
 08/20/2015-06/30/2020

 Proposed New Charter Term:
 07/01/2020-06/30/2025

Management Company: NA
Partner(s): NA
Current Grades Served: K-5
Current Maximum Approved Enrollment: 372

Proposed Revision(s): Expansion to grade 6 to 8 and a maximum enrollment of

476 in year 5.

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 http://www.p12.nysed.gov/psc/aboutcharterschools/lawsandregs/law.html), 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.
- Written confirmation that this hearing was held, no later than the next business day following the hearing.
- 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 exampl	le: The r	equired public	hearing was	held by the[full	name of	Sch	ool Dist	rict/	New
	York City	Departm	nent of Educati	ion] on	_[Date], 20[YY]	[N	lumb	oer]	_ pe	ople
	attended,	and _	[Number]	spoke.	[Number]	were	in	favor	of	the
	[renewal/re	evision/r	merger] and	[Number]	were opposed.					

All documentation listed above must be submitted to charterschools@nysed.gov. 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 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.