



APPLICATION TO THE EDUCATIONAL RESOURCE CONSULTANTS OF OHIO, INC.

For Office Use Only:
 Date Received _____
 File No. _____
 Original Copy
 Application Fee \$500.00

Application Date: _____

Community School Board Members:

(For each individual listed on the board, include address and phone numbers)

	Name	Address	Phone #	E-Mail
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____
(5)	_____	_____	_____	_____
(6)	_____	_____	_____	_____
(7)	_____	_____	_____	_____
(8)	_____	_____	_____	_____

Contact Person/Superintendent:

	First	Middle	Last
Address:	_____		
	Street/P.O. Box		
	_____	_____	_____
	City	Zip	
	_____	_____	
	Telephone	Fax	
	_____	_____	
	E-mail		

Community School Name: _____

County in which the community school is located: _____

Urban 21 or Academic Emergency District in which the community school is located: _____

A non-refundable \$500.00 application fee must accompany this application.