**Cleveland Applicants Supplemental Application**

The intent of this supplemental application is to gather more information regarding your knowledge of the Cleveland Transformation Alliance’s plan for transforming schools. As an applicant that desires to open a new school in Cleveland, you should have a good understanding of this plan and how your school will meet the needs of students in the Cleveland Metropolitan School District.

You must return this supplemental application within ten (10) business days of receipt. Failure to return the supplemental application or failure to adequately address the questions may result in the denial of your school’s application.

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| **Name of School:** |  |
| **Proposed Address or Neighborhood of School:** |  |
| **Primary Contact Person, including phone number and email address:** |  |
| **Have you reviewed the Cleveland Transformation Alliance website and plan?** |  |
| **If yes, explain what specific measures identified by the Transformation Alliance will be incorporated into your plan to open a new school in the Cleveland Metropolitan School District.** |  |
| **Did you review the IFF report entitled “ A Shared Responsibility: Ensuring a Quality Education in every Cleveland Neighborhood” prior to choosing the location for your school?** |  |
| **If yes, what recommendations from the IFF report are you implementing in selecting your proposed location for the school?** |  |

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| **How will you ensure your school meets the definition of a high-quality school as defined by the Cleveland Transformation Alliance?** |  |
| **How will you prepare your students for the new realities of globalization and technology, the need for 21st century knowledge and skills, and a diverse, multicultural and multidisciplinary world?** |  |