

**APPENDIX E**

**Applicant Information Form**

**Privacy Statement**

**Authority:** The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous federal statutes, hundreds of state statutes pursuant to Pub. L. 92-544, presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub. L. 94-29; Pub. L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

**Social Security Account Number (SSAN):** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 U.S.C. 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks federal agencies to use this number to help identify individuals in agency records.

**Additional Information:** The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the federal executive branch has also published notice.

**Applicant Information \* Denotes Required Fields**

\* Last Name

\* First Name

Middle Name 1

Middle Name 2

\* Date of Birth

\* Social Security Number

Phone Number

E-Mail

**Applicant Home Address**

\* Address 1

Address 2

Address 3

\* City

\* State

\* Postal (ZIP) Code

\* Country

**Mail Results to Address**

Check here if results are to be mailed to the home address above

C/O:  Attn:

Address 1

Address 2

Address 3

City

State

Postal (ZIP) Code  Country

**Payment Enclosed (please check appropriate box)**

Cashier's Check

Money Order

Credit Card Form

**Reason for Request**

**Return Mail Options**

FEDEX Account #

Prepaid Return Envelope Enclosed

First-Class Mail

\* **Applicant Signature** \_\_\_\_\_

FEDERAL BUREAU OF INVESTIGATION  
 UNITED STATES DEPARTMENT OF JUSTICE  
 CJIS DIVISION/CLARKSBURG, WV 26306

1110-0046 3/21/2016

**APPLICANT**

1. LOOP



CENTER OF LOOP

DELTA

THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

2. WHORL



DELTAS

THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

**THIS CARD FOR USE BY:**

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.\*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.\*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW\*\*
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS

Please review this helpful information to aid in the successful processing of hard copy criminal and civil fingerprint submissions in order to prevent delays or rejections. Hard copy fingerprint submissions must meet specific criteria for processing by the Federal Bureau of Investigation.

Ensure all information is typed or legibly printed using blue or black ink.

Enter data within the boundaries of the designated field or block.

Complete all required fields. If a required field is left blank, the fingerprint card may be immediately rejected without further processing.

\*57 The required fields for hard copy fingerprint cards are: originating agency identifier number - date of birth - place of birth - name - sex fingerprint impressions - any applicable state stamp - Other (race, height, weight, eye color, hair color)

\* criminal fingerprint cards also require an arrest charge and date of arrest.

\* civil fingerprint cards also require a reason fingerprinted and date fingerprinted

Do not use highlighters on fingerprint cards.

Do not enter data or labels within 'Leave Blank' areas.

Ensure the 'Reply Desired' field is checked when applicable (criminal only).

Ensure fingerprint impressions are rolled completely from nail to nail.

Ensure fingerprint impressions are in the correct sequence.

Ensure notations are made for any missing fingerprint impression (i.e. amputation).

Do not use more than two retabs per fingerprint impression block.

Ensure no stray marks are within the fingerprint impression blocks.

Training aids can be ordered online via the Internet by accessing the FBI's website at: [fbi.gov](http://fbi.gov), click on 'Fingerprints', then click on 'Ordering Fingerprint Cards & Training Aids'. Direct questions to the Identification and Investigative Services Section's Customer Service Group at (304) 625-5590 or by e-mail at [cliaison@do.gov](mailto:cliaison@do.gov).

**PRIVACY ACT STATEMENT**

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**Principal Purpose:** Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

**Routine Uses:** The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

**Additional Information:** The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice

**INSTRUCTIONS:**

1. PRINTS MUST GENERALLY BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH
  2. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS" THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI
  3. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- \*\* MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO. PASSPORT NO. (FP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA).

**APPLICANT**  
\* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK  
LAST NAME FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

FD-258 (REV.12-10-07)

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O  
R  
!

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB  
Month Day Year

CITIZENSHIP CTZ

SEX

RACE

HGT.

WGT.

EYES

HAIR

PLACE OF BIRTH POB

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

FBI NO. FBI

CLASS \_\_\_\_\_

REASON FINGERPRINTED

SOCIAL SECURITY NO SOC

REF. \_\_\_\_\_

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L THUMB

R THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

**APPENDIX F**



**SECTION III**

**VOLUNTARY CERTIFICATION FOR CHILD CARE SERVICES**

\_\_\_\_\_ HAS REQUESTED A CERTIFICATION WHICH INCLUDES A CLEARANCE OF HIS/HER NAME AGAINST THE CHILD ABUSE, SCHOOL EMPLOYEE, AND CRIMINARY HISTORY REPORTS.

THE RESULTS OF THE CHILD ABUSE AND SCHOOL EMPLOYEE REPORT CLEARANCES ARE LISTED IN SECTION II ON THE REVERSE SIDE. THE RESULTS OF THE CRIMINAL HISTOY REPORTS ARE LISTED BELOW. OUT-OF-STATE RESIDENTS MUST HAVE CRIMINAL HISTORY CLEARANCE FROM BOTH THE PENNSYLVANIA STATE POLICE AND THE FBI. THE VOLUNTARY CERTIFICATION MAY BE OBTAINED EVERY TWO YEARS.

IT IS THE RESPONSIBLUITY OF PARENTS ANDGUARDIANS TO REVIEW THIS INFORMATION TO DETERMINE THE SUITABILITY OF THE APPLICANT AS A SUBSTITUTE CAREGIVER.

**PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE**

- APPLICANT IS NAMED AS THE PERPETRATOR OF A "FOUNDED" CHILD ABUSE OR SCHOOL EMPLOYEE REPORT WHICH OCCURRED IN THE LAST FIVE YEARS.
- APPLICANT IS NAMED AS THE PERPETRATOR OF A "FOUNDED" CHILD ABUSE OR SCHOOL EMPLOYEE REPORT WHICH OCCURRED OVER FIVE YEARS AGO.
- APPLICANT IS NAMED AS THE PERPETRATOR OF AN "INDICATED" CHILD ABUSE OR SCHOOL EMPLOYEE REPORT.
- APPLICANT IS NOT NAMED AS THE PERPETRATOR OF ANY CHILD ABUSE OR SCHOOL EMPLOYEE REPORT CONTAINED IN THE STATEWIDE CENTRAL REGISTER.

**PENNSYLVANIA STATE POLICE CLEARANCE**

- RECORD EXISTS AND CONTAINS CONVICTIONS WHICH PROHIBIT HIRE IN A CHILD CARE POSITION. REPORT ATTACHED.
- RECORD EXISTS, BUT CONVICTIONS DO NOT PROHIBIT HIRE IN A CHILD CARE POSITION. REPORT ATTACHED.
- RECORD EXISTS, BUT NO CONVICTIONS ARE SHOWN. THIS DOES NOT PROHIBIT HIRE IN A CHILD CARE POSITION.
- NO RECORD EXISTS. REPORT ATTACHED.

**FBI CLEARANCE**

- RECORD EXISTS AND CONTAINS CONVICTIONS WHICH PROHIBIT HIRE IN A CHILD CARE POSITION. REPORT ATTACHED.
- RECORD EXISTS, BUT NO CONVICTIONS DO NOT PROHIBIT HIRE IN A CHILD CARE POSITION. REPORT ATTACHED.
- RECORD EXISTS, BUT NO CONVICTIONS ARE SHOWN. THIS MAY NOT PROHIBIT HIRE IN A CHILD CARE POSITION. REPORT ATTACHED.
- NO FBI CLEARANCE REQUIRED.

03460D

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VERIFIER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
VERIFIER

\_\_\_\_\_  
DATE

CY113 - 3/95  
SC

**APPENDIX G**

## TIME TABLE

August, 2010

- Create non-profit board of director character matrix

September, 2010

- Solicit potential board of director
- Create non-profit corporation name
- Secure FEIN for non-profit corporation

October, 2010

- Finalize non profit corporation board of directors

November, 2010

- Create non-profit corporate by laws
- File non-profit corporate documents
- Contact education leaders/stakeholders/advocates

December, 2010

- Create proposed charter school mission/vision
- Create strategic plan based upon economic trends, school district data, and clientele
- Create framework of proposed charter school

January, 2011

- Identify site of proposed charter school
- Research
- Investigate US \$1,000,000.00 start-up financing

February, 2011

- Complete public charter school application
- Visit successful charter school programs in Philadelphia, PA
- Submit letter of intent to apply for public charter
- Support petitions
- Submit charter school application
- Meet to discuss various lease/purchase agreements for proposed site
- Secure financing

March, 2011

- Finalize lease/purchase agreement for proposed site
- Initial district response to application

April, 2011

- Campaign

May, 2011

- Solicit and interview potential administrative employees
- Solicit and interview potential administrative assistants and clerical staff
- Hire administrative employees
- Circulate notices
- Advertise open-admission to residents

June, 2011

- Final communication from district
- Lottery
- Solicitation of faculty and staff
- Interview potential faculty and staff (incl. health services) (round I)
- Technology review
- Site renovations (phase I)

July, 2011

- Finalize 2011-2012 budget
- Interview potential faculty and staff (round I and II)
- Hiring of faculty and staff
- Site renovations (phase II)
- Ordering of instructional materials and furnishings
- Secure licenses and necessary occupancy documents
- Schedule meetings with enrollees (Year 1: K-2)

August, 2011

- Contact new faculty/staff
- Schedule professional development training
- Final preparation and walk through
- Open

## APPENDIX H

## FEDERAL ASSURANCES FOR PUBLIC CHARTER SCHOOLS

PLEASE SIGN THE FOLLOWING ASSURANCES AS A SUPPLEMENT TO THIS FEDERAL GRANT APPLICATION

### PUBLIC CHARTER SCHOOL PROGRAM ASSURANCES FOR PUBLIC CHARTER SCHOOLS

Pursuant to section 10303(b) of Public Law 108-382: Improving America's Schools act of 1994, as a duly authorized representative of a Public Charter School, I certify the following:

- the charter school, with an enabling state statute, is exempted from state and local rules that inhibit the flexible operations and management of public schools;
- the charter school will make a contribution to assisting educationally disadvantaged and other students in achieving State content standards and State student performance standards and , in general, will contribute to the State's education improvement plan;
- the Charter School is created by a developer as a public school, or is adapted by a developer from an existing public school, and is operated under public supervision and direction;
- the charter school operates in pursuit of a specific set of educational objectives determined by the school's developer and agreed to by the authorized public chartering agency;
- the charter school provides a program of elementary or secondary education, or both;
- the charter school is nonsectarian in its programs, admissions policies, employment practices, and all other operations, and is not affiliated with a sectarian school or religious institution;
- the charter school does not charge tuition
- the charter school complies with the Age Discrimination Act of 1975, title VI of the Civil Rights Act of 1964, title IX of the Education Amendments of 1972, section 504 of the Rehabilitation Act of 1993, and part B of the Individuals with Disabilities Education Act;
- the charter school admits students on the basis of a lottery, if more students apply for admissions than can be accommodated;
- the charter school agrees to comply with the same Federal and State audit requirements as do other elementary and secondary schools in the State.
- the charter school meets all applicable Federal, State, and Local health and safety requirements; and
- the charter school operates in accordance with State law.

Charter school ARCHIE PREPARATORY ACADEMY Date FEBRUARY 18, 2011

Authorized Representative MONICA ARCHIE 

PRINT

SIGN