**Attachment 7**

**Certificate of Good Standing for Charter School Applicants**

\_\_\_\_\_\_\_\_\_ [AUTHORIZER]

CERTIFICATE OF GOOD STANDING

The undersigned, on behalf of \_\_\_\_ [AUTHORIZER], hereby certifies that the statements contained herein with respect to \_\_\_\_ [SCHOOL] (“School”) are true and correct in all material respects on and as of the date hereof, unless otherwise noted below:

1. The School is operating pursuant to a valid, active charter, the charter has not been abandoned, and the School is authorized to exercise all of its rights and privileges under its charter.
2. Neither the Authorizer, nor to Authorizer’s knowledge has any other governmental agency or body, issued any Notice of Violation, Notice to Cure, Notice of Intent to Revoke, Notice of Revocation by Determination of a Severe and Imminent Threat to Pupil Health or Safety, or any similar notice (collectively “Disciplinary Action”), with respect to the School, nor is the Authorizer aware of any circumstances that exist that would give rise to any Disciplinary Action. Nothing herein shall be interpreted as limiting or prohibiting the Authorizer from taking any Disciplinary Action.
3. To Authorizer’s knowledge, the School is not currently and has not been within the last three years, under review, investigation or audit by the Authorizer or any other governmental agency or body (e.g., FCMAT, CDE, SBE).
4. Starting Date of charter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ending Date of charter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If any of the above statements is untrue or incorrect in any material respect, please describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| [AUTHORIZER] | | |
| By: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Title: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |