



Part 1: Local Educational Agency Information

Name of Local Educational Agency Shining Stars Montessori Academy	Name of LEA Executive Director (Public Charter Schools Only) Aidel Brown
Full Address of Local Educational Agency 1328 Florida Ave. NW Washington, DC 20009	Email Address of LEA Executive Director (Public Charter Schools Only) abrown@shiningstarsdc.org
Main Telephone Number of Local Educational Agency (202)319-2307	Telephone Number of LEA Executive Director (Public Charter Schools Only) (202)319-2307
Name of Primary LEA Contact for Title I LEA Plan John Rousell	Name of Additional LEA Contact for Title I LEA Plan Katherine Avery
Position Title of Primary LEA Contact for Title I LEA Plan Consultant (EODps)	Position Title of Additional LEA Contact for Title I LEA Plan Director of Student and Family Services
Email Address of Primary LEA Contact for Title I LEA Plan jhr@ed-ods.com	Email Address of Additional LEA Contact for Title I LEA Plan kavery@shiningstarsdc.org
Telephone Number of Primary LEA Contact for Title I LEA Plan (310)710-4559	Telephone Number of Additional LEA Contact for Title I LEA Plan (202)319-2307

Part 2: LEA Certification

I certify that all of the information contained in this application is true and accurate to the best of my knowledge. Additionally, I certify that the LEA agrees to all assurances included in the application. I have been authorized to file this application on behalf of the agency named above.

Name of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only) Malcolm H. Woodland	Signature of Individual Certifying Title I LEA Plan 
Title of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only) Chairperson of the Board of Trustees	Date of Certification (input at the time of signature) 9/14/12

SUBMIT BOTH A MICROSOFT EXCEL VERSION OF THIS FULL WORKBOOK AND A SIGNED, SCANNED COPY OF THIS PAGE BY EMAIL TO CON.APP@DC.GOV.

OSSE Use Only

Date Title I LEA Plan First Received: