OSSE

Part 1: Local Educational Agency Information

Name of School	**Name of School Principal or Executive Director (Public Charter Schools Only)**
Maya Angelou Public Charter School, Middle School Campus	Lucretia Murphy, Executive Director
Full Address of School	**Email Address of School Principal or Executive Director (Public Charter Schools Only)**
5600 E Capitol Street, NE, Washington, DC 20019	lmurphy@seeforever.org
Main Telephone Number of School	**Telephone Number of School Principal or Executive Director (Public Charter Schools Only)**
202-232-2885	202-797-8250
Name of Primary School Contact for Title I School Plan	**Name of Additional School Contact for Title I School Plan**
Dr. Marian White-Hood	La'Mont Geddis
Position Title of Primary School Contact for Title I School Plan	**Position Title of Additional School Contact for Title I School Plan**
Director of Academics	Principal
Email Address of Primary School Contact for Title I School Plan	**Email Address of Additional School Contact for Title I School Plan**
mwhood@seeforever.org	lgeddis@seeforever.org
Telephone Number of Primary School Contact for Title I School Plan	**Telephone Number of Additional School Contact for Title I School Plan**
202-797-8250	202-232-2885

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 School Plan (Chief Academic Officer or Executive Director)	**Signature of Individual Certifying Title I School Plan (Chief Academic Officer or Executive Directo**
Lucretia Murphy	Lucretia Murphy
Title of Individual Certifying Title I School Plan (Chief Academic Officer or Executive Director)	**Date of Certification (input at the time of signature)**
Executive Director	10-04-12

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 School Plan First Received:	