

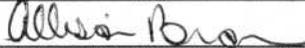


Part 1: Local Educational Agency Information

Name of Local Educational Agency Shining Stars Montessori Academy	Name of LEA Executive Director (Public Charter Schools Only) Ayize Sabater
Full Address of Local Educational Agency 1328 Florida Ave. NW, Annex Washington, DC 20009	Email Address of LEA Executive Director (Public Charter Schools Only) ayize@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 Roussel	Name of Additional LEA Contact for Title I LEA Plan Maria Fenton
Position Title of Primary LEA Contact for Title I LEA Plan Consultant	Position Title of Additional LEA Contact for Title I LEA Plan Office Manager
Email Address of Primary LEA Contact for Title I LEA Plan john@ed-ops.com	Email Address of Additional LEA Contact for Title I LEA Plan mfenton@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) Allison Brown	Signature of Individual Certifying Title I LEA Plan 
Title of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only) Board Chair	Date of Certification (input at the time of signature) 8/15/13

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:	
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