

OSAH FORM 1

This form is available online at <http://www.osah.ga.gov> or by telephone request at (404)657-2800.

OSAH USE ONLY DOCKET NUMBER:	AGENCY DOE	CASE TYPE CSA	DOCKET NUMBER	COUNTY	JUDGE
---------------------------------	----------------------	-------------------------	---------------	--------	-------

NAME OF REFERRING AGENCY: **DEPARTMENT OF EDUCATION**

COUNTY OF CHARTER SCHOOL: _____

DATE OF HEARING REQUEST: _____

CONTACT PERSON IN REFERRING AGENCY

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	POSITION	EMAIL: PAGER:

CHARTER SCHOOL

SCHOOL NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	CONTACT PERSON POSITION	EMAIL: PAGER:

CHARTER SCHOOL'S ATTORNEY

ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL: PAGER:

ATTORNEY FOR REFERRING AGENCY

AGENCY ATTORNEY NAME:	TEL NO:	FAX NO:
PARENT(S) AND/ OR CUSTODIAL PARENTS:		EMAIL:
CURRENT ADDRESS INCLUDING ZIP:	GEORGIA BAR NO:	EMAIL: PAGER:

PARTY REQUESTING THE HEARING:	<input type="checkbox"/> STUDENT'S PARENT(S) OR CUSTODIAN(S)
	<input type="checkbox"/> SCHOOL SYSTEM