## CHARTER SCHOOL BUDGET REPORT - ALTERNATIVE FORM

## **CHARTER SCHOOL CERTIFICATION**

Charter School Name:

(name continued)

CDS #:

Charter Approving Entity:

County:

Charter #:

Charter #:

County:

Charter #:

Charter #:

County:

Charter #:

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Title: Superintendent  RNATIVE FORM: This report Section 47604.33.  Date:
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Section 47604.33.
Section 47604.33.
Date:
Title: Accounting Manager
or Charter School:
atema Ballentine
lame
BO
itle
510-893-8701 x17
elephone
atema.ballentine@aimschools.org
-mail address
RNATIVE FORM: This report pursuant to Education Code Section 47604.33.