

## Mississippi Secretary of State

## ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS Charter School Authorizer Board		CONTACT PERSON Amy Foster Tisdale	TELEPHONE NUMBER 601-359-9187	
ADDRESS 239 N. Lamar Street, Suite 207		CITY Jackson	STATE MS	ZIP 39201
EMAIL <a href="mailto:charterschools@mcsab.ms.gov">charterschools@mcsab.ms.gov</a>	SUBMIT DATE 9/25/23	Name or number of rule(s): Title 10, Part 424, Chapter 1: Charter School Merger Guidance and Application		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The Board has approved proposal of this process to allow for charter schools to merge.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §§ 37-28-9.

List all rules repealed, amended, or suspended by the proposed rule: None

## ORAL PROCEEDING:

An oral proceeding is scheduled for this rule on Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_  
 Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

## ECONOMIC IMPACT STATEMENT:

Economic impact statement not required for this rule.  Concise summary of economic impact statement attached.

TEMPORARY RULES  ____ Original filing ____ Renewal of effectiveness To be in effect in _____ days <b>Effective date:</b> ____ Immediately upon filing ____ Other (specify): _____	PROPOSED ACTION ON RULES  Action proposed: ____ X New rule(s) ____ Amendment to existing rule(s) ____ Repeal of existing rule(s) ____ Adoption by reference  Proposed final effective date: ____ X 30 days after filing ____ Other (specify): _____	FINAL ACTION ON RULES  Date Proposed Rule Filed: _____ Action taken: ____ Adopted with no changes in text ____ Adopted with changes ____ Adopted by reference ____ Withdrawn ____ Repeal adopted as proposed <b>Effective date:</b> ____ 30 days after filing ____ Other (specify): _____
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Printed name and Title of person authorized to file rules: Amy Foster Tisdale, General Counsel

Signature of person authorized to file rules: *Amy F. Tisdale*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP  <b>FILED</b> SEP 25 2023 MISSISSIPPI SECRETARY OF STATE	OFFICIAL FILING STAMP
Accepted for filing by	Accepted for filing by <i>27154 1324</i>	Accepted for filing by

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.