

ANNUAL ASSURANCE OF SERVICES FORM

For schools designated as Model Continuation High Schools in 2019

As a condition of continuing eligibility for designation by the California Department of Education (CDE) as a Model Continuation High School (MCHS), an Annual Assurance of Services Form must be completed and received or delivered by **June 30, 2020** and **June 30, 2021**. Please mail your **original** form and statement to:

Jacie Ragland, Education Programs Consultant
Educational Options Office
California Department of Education
1430 N Street, Suite 4202
Sacramento, CA 95814-5901

Model Continuation High School Information

County-District-School (CDS) Code:

California Continuation Education Association
(CCEA) Region Number:

County:

District:

School:

Address:

City:

Zip:

Mailing Address:

City:

Zip:

Phone:

Fax:

The 14-digit County-District-School (CDS) code is the official, unique identification of a school within California. You can find your school's CDS code on the California Department of Education California School Directory web page at <https://www.cde.ca.gov/schooldirectory/>.

The California Continuation Education Association (CCEA) Region number can be found on the CCEA's Regions web page at <https://cceanet.org/about-us/regions/>.

Please check the appropriate box below to indicate whether or not any changes have occurred in the past year that could affect the status of the school as an MCHS.

Yes No

If the “Yes” box is checked, please attach a statement to describe the changes. For example, describe whether the enrollment increased or decreased. If enrollment has changed, describe how staffing has changed to maintain a low student-teacher ratio.

If the “No” box is checked, you are welcome to attach a statement describing any future developments related to student engagement and community collaboration.

It is anticipated that MCHSs will be revisited by the site review team during the three-year designation period.

Certification

I certify that the continuation high school listed meets or exceeds the MCHS Recognition Program standards as described in the 2018–19 application.

Principal’s Information

Name:

E-mail:

Principal’s Signature (**in blue ink**)

Date

District Superintendent’s/Designee’s Information

Name:

E-mail:

Designee’s Job Title (if applicable):

District Superintendent’s/Designee’s Signature (**in blue ink**)

Date