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:

Yvonne Evans, 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: _____

County-District-School (CDS) Code: _____

California Continuation Education
Association Plus (CCEA Plus) Region Number: _____

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 CDE California School Directory web page at https://www.cde.ca.gov/schooldirectory/.

The California Continuation Education Association Plus (CCEA Plus) Region number can be found on the CCEA Plus 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: _____ Email: _____

_____ _____

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

District Superintendent’s/Designee’s Information

Name: _____ Email: _____

Designee’s Job Title (if applicable): _____

_____ _____

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