ANNUAL ASSURANCE OF SERVICES FORM

For schools designated as Model Continuation High Schools in 2020

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, 2021**, and **June 30, 2022**. Please submit your form and statement (if applicable) to Dan Sackheim, Education Programs Consultant, Educational Options Office, by email at CONTINUATIONEDUC@cde.ca.gov.

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 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 CCEA Plus Region number can be found on the CCEA Plus Regions web page at https://cceanet.org/about-us/regions/.

	appropriate box below hat could affect the state		er or not any changes have occurred s 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 the designation period		ted by the site rev	view team during the three-year	
		Certification		
I certify that the continuation high school listed meets or exceeds the MCHS Recognition Program standards as described in the 2019–20 application.				
Principal's Infor	mation			
Name:		Email:		
Principal's Signa	ture		Date	
District Superintendent's/Designee's Information				
Name:		Email:		
Designee's Job 1	Fitle (if applicable):			
District Superinte	endent's/Designee's Sig	nature	Date	