

California Independent Study School of Excellence Award Application School's Information Page

School Name:	
School Address:	
CDS Code:	
District / County Office / Authorizer:	
School Type: (Select One)	<input type="radio"/> LEA Program (District) <input type="radio"/> County Office Education (COE) <input type="radio"/> Independent Public Charter
Principal/Administrator Contact Info:	
WASC Accreditation Status & Dates:	
Grade Levels Served:	
Most Recent Year ADA:	
Average ADA For Previous Three Years:	
Number of Credentialed Teachers:	
Student-Teacher Ratio:	_____ Synchronous and/or _____ Asynchronous
Number of Certificated Administrator(s):	
Number of Other Support Staff:	_____ Counselors _____ Other Certificated _____ Classified
Program Modality:	<input type="radio"/> Traditional IS <input type="radio"/> Course-Based IS <input type="radio"/> Hybrid