Reviewer's Checklist

(For Use by California Department of Education Staff Only)

Review the application to determine the status of the items listed below. Indicate whether or not the item was received and is acceptable by keying in "Yes" or "No." Comments regarding the item may be noted in the space provided.

Dis	strict Name:	
Pro	oposed New School Name:	
Attachment 1: Application to Establish a New Continuation High Sc Sheet		
	Item was received:	Item is acceptable:
	Comments:	
2.	District Superintendent Letter	
	Item was received:	Item is acceptable:
	Comments:	
3.	Governing Board Resolution	
	Item was received:	Item is acceptable:
	Comments:	

4.	Narrative	
	Item was received:	Item is acceptable:
	Comments:	
5.	Philosophy	
	Item was received:	Item is acceptable:
	Comments:	
•	Caala	
ъ.	Goals	
	Item was received:	Item is acceptable:
	Comments:	
7.	Objectives	
	Item was received:	Item is acceptable:
	Comments:	

8.	District Admission Regulations			
	Item was received:	Item is acceptable:		
	Comments:			
9.	9. High School Graduation Requirements			
	Item was received:	Item is acceptable:		
	Comments:			
10	Calendar and Daily Class Sch	nedule		
	Item was received:	Item is acceptable:		
	Comments:			
11. School Plan—Students				
	Item was received:	Item is acceptable:		
	Comments:			

12. School Plan—Working Students				
Item was received:	Item is acceptable:			
Comments:				
13. Work Experience Education Plan				
Item was received:	Item is acceptable:			
Comments:				
14. Attendance Accounting Form—Cover Letter				
Item was received:	Item is acceptable:			
Comments:				
15. County-District-School Code—Cover Letter				
Item was received:	Item is acceptable:			
Comments:				

16. Facility Certification—Statement or Letter			
Item was received:	Item is acceptable:		
Comments:			
17. Attachment 2: New Continuation High School Information Form			
Item was received:	Item is acceptable:		
Comments:			
18. Attachment 3: Staffing Configuration Form			
Item was received:	Item is acceptable:		
Comments:			