

## Notice of Authorization of a Schoolwide Program

(Please print or type all information.)

County: \_\_\_\_\_ School District: \_\_\_\_\_

School: \_\_\_\_\_ CDS Code (14 digits): \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Principal: \_\_\_\_\_ Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Categorical Program Director: \_\_\_\_\_ Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

**District Criteria Utilized to Establish Poverty Level of School (provide actual percentage)**

Free/ Reduced Lunch \_\_\_%      AFDC \_\_\_%      Combination \_\_\_%      Other \_\_\_%

**To meet ESEA requirements, each school may request technical assistance during the process of completing its comprehensive needs assessment and its schoolwide program (SWP) plan. Please indicate the *entity* as well as the *individual(s)* within the entity who served your school in this capacity:**

\_\_\_\_\_

The undersigned certify this school is at least 40% poverty level as indicated above, and also, that the SWP plan incorporates the ten federally required components as listed on the California Department of Education SWP Web page located at <http://www.cde.ca.gov/sp/sw/rt/>

Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Local Board Approval: \_\_\_\_\_

Mail completed notice to:

School Improvement and Title I Basic Office  
California Department of Education  
1430 N Street, Room 6208  
Sacramento, CA 95814-5901  
The form may also be emailed to: [Title1@cde.ca.gov](mailto:Title1@cde.ca.gov)