## ANNUAL ASSURANCE OF SERVICES FORM

For schools designated as Model Continuation High Schools in 2022

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 by **June 30, 2023** and **June 30, 2024**. Please submit your form and statement (if applicable) to Dan Sackheim, Education Programs Consultant, Educational Options Office, by email at <a href="CONTINUATIONEDUC@cde.ca.gov">CONTINUATIONEDUC@cde.ca.gov</a>.

## **Model Continuation High School Information**

County:	District:			
School:				
County-District-School (CDS) Code:				
California Continuation Education Association Plus (CCEA Plus) Region Number:				
Address:	C	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 <a href="https://www.cde.ca.gov/schooldirectory/">https://www.cde.ca.gov/schooldirectory/</a>.

The CCEA Plus Region number can be found on the CCEA Plus Regions web page at <a href="https://cceanet.org/about-us/regions/">https://cceanet.org/about-us/regions/</a>.

	appropriate box below nat could affect the state		er or not any changes have occurred s an MCHS.		
Yes	No				
describe whether	• •	ed or decreased. I	escribe the changes. For example, f enrollment has changed, describe er 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 2021–22 application.					
Principal's Infor	mation				
Name:		Email:			
Principal's Signat	ture		Date		
District Superintendent's/Designee's Information					
Name:		Email:			
Designee's Job T	ritle (if applicable):				
District Superinte	ndent's/Designee's Sig	nature	Date		