

CALPADS/CBEDS

Charter Reporting Status Change Form

CDE USE ONLY

1. Select Charter Type

- ☐ New Charter ☐ Existing Charter

2. Charter County-District-School (CDS) Code

If known, please provide the charter school's CDS Code: _____

3. Select Reporting Status

- ☐ **Independent** – Reporting CALPADS/CBEDS data independent of authorizing agency.
☐ **Through Authorizer** – Reporting CALPADS/CBEDS data through authorizing agency.

4. Academic School Year (select when the reporting status will begin)

- ☐ 2025–2026 ☐ 2026-2027

(5–10) Charter School Information

5. Charter School Name: _____

6. Name of the Charter School's Authorizing Agency: _____

7. Four Digit Charter School Number: _____

8. Charter Administrator First and Last Name: _____

9. Charter Administrator Phone Number: _____

10. Charter Administrator Email: _____

Verification

- ☐ I have read and acknowledge that the entity responsible for collecting and submitting student data, whether it be the authorizing agency or charter school, does in fact have the capability and resources available to provide all required student data to CALPADS and CBEDS.

Charter Administrator or Designee Signature

Date Signed

X _____

Form Submission

Submit a copy of the completed form to the CALPADS office at calpads@cde.ca.gov.