

Notice of Authorization of Targeted Assistance Status

Please print or type all information.

County: _____ School District: _____

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

Street Address: _____

City: _____ Zip: _____

Principal: _____ Telephone: _____

Fax: _____ E-mail: _____

Consolidated Program Director: _____ Telephone: _____

Fax: _____ E-mail: _____

Signatures

Superintendent: _____ Date: _____

Principal: _____ Date: _____

School Site Council Chair: _____

Consolidated Program Director: _____

Student (Secondary): _____

Other: _____

Date of Local Board Approval: _____

Projected start date of the school's Targeted Assistance Status: _____

The LEA must mail the request with appropriate signatures and the date of local board approval to:

California Department of Education
School Support and Title I Basic Office
1430 N Street, Room 6208
Sacramento, CA 95814-5901