



California Department of Education
2015 California Gold Ribbon Schools Program

Middle and High School Application: Part A



Exemplary Education Programs ~ [Optional—additional application(s) required.]

Arts Education [ ] Yes; Career Technical Education [ ] Yes; Physical Activity & Nutrition [ ] Yes

County-District-School (CDS) Code – 14 Digits

County Name

District Name

School Name (If your school is selected for honors, this school name will be engraved on the award plaque.)

Mailing Address

City and Zip Code

Area Code and Phone Number Ext.

Area Code and Fax Number

Principal's E-mail Address

FOR INFORMATION ONLY. No signature or approval is required from the district or county offices.

District Superintendent's Name

District Superintendent's e-mail



I certify that I have reviewed the information contained in this application and, to the best of my knowledge, it is complete and accurate. I further certify that:

- The Office for Civil Rights does not have any outstanding findings of civil rights statute violations by the school or district that may affect the school;
There are no pending lawsuits by the Department of Justice against the district alleging that the school, or the district as a whole, has violated one or more of the civil rights statutes or the Constitution's equal protection clauses; and
The school or district is addressing or has addressed any identified areas of noncompliance under federal or state laws and regulations.

Principal's Name

Principal's Signature

Date

### School Information

1. Current school enrollment: \_\_\_\_\_
  
2. Which category best describes where your school is located?  
 Urban       Suburban       Rural
  
3. Does your school receive Title I funding?       Yes       No  
 If yes, indicate type of services:       School-wide       Targeted Assistance
  
4. What is your school calendar?       Traditional       Year-round       Modified
  
5. Is your school a charter school?       Yes       No
  
6. Number of full-time and part-time staff members in each of the categories below:

	<u>Full-time Staff</u>	<u>Part-time Staff</u>
Administrators	_____	_____
Classroom teachers	_____	_____
Counselors	_____	_____
Credentialed librarians	_____	_____
Nurses	_____	_____
Psychologists	_____	_____
Technology/media specialists or technicians	_____	_____
Paraprofessionals	_____	_____
Campus resource officers	_____	_____
Other staff ( <i>specify</i> ) _____	_____	_____
Total staff	_____	_____

### Directions to Your School

If your school is selected as a statewide nominee, the site visit team members will need directions to your school.

\_\_\_\_\_  
County

\_\_\_\_\_  
District

\_\_\_\_\_  
School

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

\_\_\_\_\_  
City and Zip Code

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Area Code and Phone Number

\_\_\_\_\_  
Ext.

\_\_\_\_\_  
Name and Location of the Nearest Airport

\_\_\_\_\_  
Major Freeway Access

Provide detailed travel directions indicating the surface streets that lead to your school. Please do not submit directions or a map generated by an Internet Web site.

*(Response limited to this page--remove this line of text.)*

(School Name)

## **School Overview**

*(School Overview Narrative - Response limited to this page--remove this line of text.)*