

## ASSURANCES FORM

Please check the school model that you have selected for your proposal:

<input type="checkbox"/> Traditional	<input type="checkbox"/> Pilot	<input type="checkbox"/> Network Partner	<input type="checkbox"/> ESBMM
<input type="checkbox"/> Independent Charter		<input type="checkbox"/> Affiliated Charter	
Name of School <u>Sylmar Senior High School</u>		Name of Applicant Group/Applicant Team <u>Sylmar Teachers</u>	
Lead Applicant <u>Jan Lyons</u>		Title of Lead Applicant <u>Principal</u>	
Mailing Address <u>13050 Borden Ave., Sylmar, CA 91342</u>			
Phone Number <u>818-833-3700</u>		Fax Number <u>818-364-1037</u>	
Email Address <u>jlyons@lausd.net</u>		Website (if available) <u>www.sylmarhs.org</u>	

**By signing this Assurance Form, you agree that you will comply with and/or provide supporting information for the following assurances:**

### 1. Assurance that an Applicant Organization/Applicant Team is NOT a For-Profit Entity

*Please check one of the following statements:*

- The Applicant Organization/Applicant Team listed above is comprised of a *FOR-PROFIT* ENTITY.
- The Applicant Organization/Applicant Team listed above is a *NOT-FOR-PROFIT* entity. *Documentation and certification of not-for-profit status (e.g. 501c3 form) must accompany this proposal.*
- The Applicant Organization/Applicant Team listed above is *ONLY* comprised of LAUSD internal employees, departments, etc. (e.g. teacher teams, local districts).
- The Applicant Organization/Applicant Team listed above is comprised of LAUSD internal employees, departments, etc (e.g. teacher teams, local districts) *IN PARTNERSHIP WITH ONE OR MORE NOT-FOR-PROFIT ENTITIES.* *Documentation and certification of not-for-profit status (e.g. 501c3 form) must accompany this proposal.*

### 2. Assurance that an Applicant Organization is Solvent (For External Organizations Only)

Assurance that a Not-For-Profit Applicant will provide documentation that demonstrates its solvency.

### 3. Assurance of Enrollment Composition Compliance

The Applicant Group/Applicant Team agrees that the student composition at a new or underperforming school will be reflective of the student composition at the schools it is intended to relieve (in terms of demographics, including but not limited to race/ethnicity, gender, socio-economic status, English Learners, Standard English Learners, students with disabilities, foster care placement), with ongoing review mechanisms in place to ensure retention and student composition at each school continues to reflect that of the overall school community.

### 4. Assurance to Sign Separate "Service Plan for Students with Disabilities Assurances".

In accordance with the Individuals with Disabilities Education Act and Section 504 of the Rehabilitation Act of 1973, the Applicant Group/Applicant Team listed above agrees to sign the Assurance Form entitled "Public School Choice Service Plan for Students with Disabilities" included with this RFP. Signing the Service Plan for Students with Disabilities Assurance Form assures that the awarded PSC school will abide by the conditions and requirements of the Chanda Smith Modified Consent Decree that includes: using the Welligent IEP Management System, using the LAUSD Elementary or Secondary Student Information System (either ESIS, SSIS or ISIS upon implementation), operating a compliant Special Education Program using the *LAUSD Special Education Policies and Procedures Manual*, and the annual completion and submission of the "School Self Review Checklist" for programs serving students with disabilities. Signing the Service Plan for Students with Disabilities Assurance Form also assures that operators of the awarded PSC school agrees to review Title 5, California Code of Regulations Section 3052, relative to the provision of behavior intervention plans and agrees to comply with all discipline practices, procedures for behavioral emergency intervention and prohibitions consistent with the requirements. The PSC school operators further agree to protect the rights of children with disabilities and their parents or guardians relative to 1) prior notice and consent, 2) access to records 3) confidentiality, and 4) due process procedures. The school will maintain a written description of the annual notification process used to inform parents/guardians of the policies regarding Nondiscrimination (Title 5 CCR 4960 (a)), Sexual Harassment (EC 231.5 (a) (b)

(c), Title IX Student Grievance Procedure (Title IX 106.8 (a) (d) and 106.9 (a)) and Uniform Complaint Procedures (Title 5, CCR 4600-4671. Procedures must include a description of how the school will respond to complaints and how the District will be notified of complaints and subsequent investigations.

**5. Assurance that Independent Charter School Operators will sign and execute the Facilities Use Agreement**

*(For Independent Charter School Operators Only)* If selected to operate an independent charter school on a PSC campus, independent charter school operators agree to sign and execute the Facilities Use Agreement as provided by the District.

**6. Resident Enrollment and Attendance Boundary Compliance**

*(For Independent Charter School Operators Only)* In accordance with the Attendance Boundary Waiver for Public School Choice Charter School Operators, operators of independent charters schools agree to provide first choice attendance to resident students from the corresponding attendance boundary established by the District if selected to operate a Public School Choice campus. Thereafter, any remaining available seats will be filled with any student who wishes to attend the PSC campus pursuant to the requirements of Sections 47605(d)(1) and 47605(d)(2)(B) of the California Charter Schools Act. The District’s waiver from the State Board of Education codifies these requirements.

While PSC independent charter schools can initiate a lottery and/or enroll students outside the school’s attendance boundary at any time, operators of independent PSC charter schools may not refuse any resident students unless the resident enrollment exceeds the District’s established maximum enrollment for the school in question. Independent charter school operators understand and accept that the attendance boundary configuration is subject to change at the discretion of Los Angeles Unified School District and that the maximum number of resident student enrollment will be defined for a period of five years and that the requisite number will equal the planning capacity for the Public School Choice campus based on 2008-09 District norms.

If a parent or guardian no longer wants their child to attend an independent PSC charter school, the charter school operator must also agree to adhere to the District’s “Enrollment Process for Charter Schools Selected to Operate a Public School Choice School.” The “opt-out” decision is only valid for one academic school year. Once a parent has exercised his/her right to opt-out, he/she is unable to re-enroll the child in the charter school for the remainder of the school year, unless there is capacity at the school as designated by LAUSD and term of the charter. At the completion of each academic school year, parents have the opportunity to enroll their student at their neighborhood school again.

**7. Assurance that Independent Charter School Operators Will Cooperate with LAUSD in Attaining Applicable Waivers from the State Board of Education**

*(For Independent Charter School Operators Only)* In accordance with the Charter Schools Act of 1992 and its implementing regulations, independent charter school operators approved to operate a Public School Choice campus will be required to cooperate with the District in attaining any and all applicable waivers from the State Board of Education. Additionally, independent charter school operators must agree to waive their rights under Education Code 47614 (“Proposition 39”) for a period coterminous with their Board-approval to operate a Public School Choice campus.

*By signing this Assurance Form, you agree that you will comply with and/or provide supporting information for the above assurances:*

Name of Lead Applicant Jan Lyons Title of Lead Applicant Principal

Signature of Lead Applicant \_\_\_\_\_ Date : 11/14/11

Name of Board President\* \_\_\_\_\_

Signature of Board President\* \_\_\_\_\_ Date \_\_\_\_\_

*\*The additional name and signature of the Board President is only applicable to organizations with a Board.*