



# MAGNOLIA PUBLIC SCHOOLS

## Board Of Directors

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Board Agenda Item #	II. A
Date:	01.21.2016
To:	Magnolia Board of Directors
From:	Caprice Young, Ed.D., CEO & Superintendent
Staff Lead:	David Yilmaz, Director of Accountability
RE:	Request for ADA funds for the day our LA schools were closed due to emergency

### Proposed Board Recommendation

I move that the board approve the filing of request for allowance of attendance because of emergency conditions for MSA-1 through 8.

### Background

Magnolia Science Academy 1-8 were closed on December 15, 2015. LAUSD Superintendent Cortines ordered that all schools in the District, both charter and traditional, be closed due to terrorist threat. Our schools need to file a request to the CDE in order to be entitled to apportionment and instructional time credit for the day mentioned above. We need board approval and signature of the majority of the board members before we can file this request with the Los Angeles County, which will then forward it to the CDE.

### Budget Implications

Once approved, the schools will receive ADA funds for one (1) school day (for December 15, 2015.)

### Name of Staff Originator:

David Yilmaz (Director of Accountability) and Lydiatt Vega (Executive Office Manager)

### Attachments

- Form J-13A for MSA-1 through MSA-8
- ADA summaries for MSA-1 through MSA-8

**REQUEST FOR ALLOWANCE OF ATTENDANCE  
BECAUSE OF EMERGENCY CONDITIONS  
Form J-13A (Rev. 01-05)**

School District (or Charter School) Name: Magnolia Science Academy

School District (or Charter School) Address: 18238 Sherman Way, Reseda, CA 91335

County-District Code: 19 64733 6119945

County Name: Los Angeles

This form replaces the Form J-13A (Rev. 4-90) and should be used to obtain approval of attendance and instructional time credit under one or more of the following conditions:

- When one or more schools were closed because of conditions described in *Education Code* Section 41422
- When one or more schools were kept open but experienced a material decrease in attendance because of conditions described in *Education Code* Section 46392
- When attendance records have been lost or destroyed as described in *Education Code* Section 46391

Approved credit for instructional time may be used in conjunction with regular instructional days to satisfy the requirements of *Education Code* Section 37202 (equal length of instructional time among schools within a district).

A separate form should be submitted for each emergency event, but credit may be requested for more than one school and under one or more of the foregoing conditions on the same form. Each separate form must include the affidavit of the governing board members and the county superintendent before it can be approved by the State Superintendent of Public Instruction.

The original form (with the board members' affidavit) and two copies should be filed with the county superintendent of schools. If the county superintendent approves the request, he or she should execute the affidavit certifying that approval and forward all pages of the original and one copy of the form to:

Office of Principal Apportionment and Special Education  
School Fiscal Services Division  
California Department of Education  
1430 N Street, Suite 3800  
Sacramento, CA 95814

This form consists of five preprinted pages. Pages 1 and 5 (5C for charter schools) must accompany all submissions. Page 4 (Lost or Destroyed Attendance Records) will not need to be submitted by most districts. Multiple copies of Pages 2 and/or 3 may have to be submitted when claims are made on a school-by-school basis.

## SCHOOL CLOSURE

**Nature of Emergency (describe):**

LEVEL 1 TERRORIST THREAT. Supt. Cortines ordered that all schools in the District both charter and traditional be closed.

Name of School(s): Magnolia Science Academy

School Code(s): CDS Code- 19 64733 6119945, Location Code 8454.

We request that apportionments be maintained and instructional time credited for the above named school(s) without regard to the fact that the school(s) were closed on (dates):  
Tuesday, December 15, 2015

because of the described emergency. Approval of this request authorizes the local educational agency to disregard these days in the computation of average daily attendance (ADA) (per Section 41422) and obtain credit for instructional time for the days and the instructional minutes that would have been regularly offered on those days pursuant to *Education Code* Section 46200, et seq.

If the school closure resulted from a power outage or impassable roads caused by inclement weather, state the number of school closure days for the same conditions in each of the last five years:

N/A

**MATERIAL DECREASE**

Nature of Emergency (describe): LEVEL 1 TERRORIST THREAT. Supt. Cortines ordered that all schools in the District both charter and traditional be closed.

Name of School: Magnolia Science Academy

School Code(s): CDS- 19 64733 6119945, Location Code 8454.

We request the substitution of estimated days of attendance for actual days of attendance in accordance with the provisions of Section 46392. Approval of this request will authorize use of the estimated days of attendance in the computation of apportionments for the foregoing school(s) for (dates) 12/15/2015 during which school attendance was materially decreased because of the described emergency.

Estimated attendance for each day (October or May ADA): 523.57 students per day. Estimated daily attendance multiplied by number of days of material decrease, yields 523.57 days of attendance requested.

State method of determining estimated daily attendance (October or May ADA):  
ADA for school month beginning on October 1, 2015 and ending on October 31, 2015.

Actual apportionable attendance for days of material decrease: 0

Site: Magnolia Science Academy      Date 12/15/15      Actual Attendance 0

## LOST OR DESTROYED ATTENDANCE RECORDS

We request the use of estimated attendance in lieu of attendance that cannot be verified because of the loss or destruction of attendance records. This request is made in accordance with Section 46391. The entire period covered by the lost or destroyed records commences with \_\_\_\_\_, 2\_\_\_\_, up to and including, \_\_\_\_\_, 2\_\_\_\_\_.

Describe circumstances and extent of records loss or destruction:

N/A

Describe how it is proposed to reconstruct attendance records or estimate attendance in the absence of records:

N/A

**AFFIDAVIT OF GOVERNING BOARD MEMBERS**

We, members constituting a majority of the governing board of the \_\_\_\_\_ school district, hereby swear (or affirm) that the foregoing statements are true and are based on official district records.

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\_\_\_\_\_

Printed Names

Signatures

**At least a majority of the members of the governing board shall execute this affidavit.**

Subscribed and sworn (or affirmed) before me, this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.  
Signature, Title \_\_\_\_\_  
of \_\_\_\_\_ County, California

Contact/Individual responsible for preparing this form:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail: \_\_\_\_\_

**AFFIDAVIT OF COUNTY SUPERINTENDENT OF SCHOOLS**

The information and statements contained in the foregoing request are true and correct to the best of my knowledge and belief.

Signature, County Superintendent of Schools \_\_\_\_\_  
Date: \_\_\_\_\_

Subscribed and sworn (or affirmed) before me, this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.  
Signature, Title \_\_\_\_\_  
of \_\_\_\_\_ County, California

Contact/Individual responsible for preparing this form:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail: \_\_\_\_\_

**AFFIDAVIT OF CHARTER SCHOOL GOVERNING BOARD MEMBERS**

We, members constituting a majority of the governing board of the Magnolia Science Academy charter school, hereby swear (or affirm) that the foregoing statements are true and are based on official district records.

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_____	_____
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Printed Names

Signatures

**At least a majority of the members of the governing board shall execute this affidavit.**

Subscribed and sworn (or affirmed) before me, this 21st day of January, 2016.

Signature, Title \_\_\_\_\_

of Los Angeles County, California

Contact/Individual responsible for preparing this form:

Name: Lydiett Vega Title: Executive Office Manager

Phone: (818) 609-0507x109 Fax: (714) 362-9588 E-mail: lvega@magnoliapublicschools.org

**Approval by Superintendent of Authorized Local Educational Agency (LEA)**

Signature, Title \_\_\_\_\_

of \_\_\_\_\_(LEA).

**AFFIDAVIT OF COUNTY SUPERINTENDENT OF SCHOOLS**

The information and statements contained in the foregoing request are true and correct to the best of my knowledge and belief.

Signature, County Superintendent of Schools \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn (or affirmed) before me, this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature, Title \_\_\_\_\_

of \_\_\_\_\_ County, California

Contact/Individual responsible for preparing this form:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail: \_\_\_\_\_

**REQUEST FOR ALLOWANCE OF ATTENDANCE  
BECAUSE OF EMERGENCY CONDITIONS  
Form J-13A (Rev. 01-05)**

School District (or Charter School) Name: Magnolia Science Academy-2

School District (or Charter School) Address: 17125 Victory Blvd., Van Nuys, CA 91406

County-District Code: 19 64733 0115212

County Name: Los Angeles

This form replaces the Form J-13A (Rev. 4-90) and should be used to obtain approval of attendance and instructional time credit under one or more of the following conditions:

- When one or more schools were closed because of conditions described in *Education Code* Section 41422
- When one or more schools were kept open but experienced a material decrease in attendance because of conditions described in *Education Code* Section 46392
- When attendance records have been lost or destroyed as described in *Education Code* Section 46391

Approved credit for instructional time may be used in conjunction with regular instructional days to satisfy the requirements of *Education Code* Section 37202 (equal length of instructional time among schools within a district).

A separate form should be submitted for each emergency event, but credit may be requested for more than one school and under one or more of the foregoing conditions on the same form. Each separate form must include the affidavit of the governing board members and the county superintendent before it can be approved by the State Superintendent of Public Instruction.

The original form (with the board members' affidavit) and two copies should be filed with the county superintendent of schools. If the county superintendent approves the request, he or she should execute the affidavit certifying that approval and forward all pages of the original and one copy of the form to:

Office of Principal Apportionment and Special Education  
School Fiscal Services Division  
California Department of Education  
1430 N Street, Suite 3800  
Sacramento, CA 95814

This form consists of five preprinted pages. Pages 1 and 5 (5C for charter schools) must accompany all submissions. Page 4 (Lost or Destroyed Attendance Records) will not need to be submitted by most districts. Multiple copies of Pages 2 and/or 3 may have to be submitted when claims are made on a school-by-school basis.



## SCHOOL CLOSURE

**Nature of Emergency (describe):** LEVEL 1 TERRORIST THREAT. Supt. Cortines ordered that all schools in the District both charter and traditional be closed.

**Name of School(s):** Magnolia Science Academy-2

**School Code(s):** CDS Code- 19 64733 0115212, Location Code 8461.

We request that apportionments be maintained and instructional time credited for the above named school(s) without regard to the fact that the school(s) were closed on (dates):  
Tuesday, December 15, 2015

because of the described emergency. Approval of this request authorizes the local educational agency to disregard these days in the computation of average daily attendance (ADA) (per Section 41422) and obtain credit for instructional time for the days and the instructional minutes that would have been regularly offered on those days pursuant to *Education Code* Section 46200, et seq.

If the school closure resulted from a power outage or impassable roads caused by inclement weather, state the number of school closure days for the same conditions in each of the last five years:

N/A

**MATERIAL DECREASE**

Nature of Emergency (describe): LEVEL 1 TERRORIST THREAT. Supt. Cortines ordered that all schools in the District both charter and traditional be closed.

Name of School: Magnolia Science Academy-

School Code(s): CDS- 19 64733 0115212, Location Code 8461

We request the substitution of estimated days of attendance for actual days of attendance in accordance with the provisions of Section 46392. Approval of this request will authorize use of the estimated days of attendance in the computation of apportionments for the foregoing school(s) for (dates) 12/15/2015 during which school attendance was materially decreased because of the described emergency.

Estimated attendance for each day (October or May ADA): 466.19 students per day. Estimated daily attendance multiplied by number of days of material decrease, yields 466.19 days of attendance requested.

State method of determining estimated daily attendance (October or May ADA): October ADA 466.19

ADA for school month beginning on October 1, 2015 and ending on October 31, 2015.

Actual apportionable attendance for days of material decrease: 0

Site: Magnolia Science Academy-2      Date: 12/15/2015      Actual Attendance 0

**LOST OR DESTROYED ATTENDANCE RECORDS**

We request the use of estimated attendance in lieu of attendance that cannot be verified because of the loss or destruction of attendance records. This request is made in accordance with Section 46391. The entire period covered by the lost or destroyed records commences with \_\_\_\_\_, 2\_\_\_\_, up to and including, \_\_\_\_\_, 2\_\_\_\_\_.

Describe circumstances and extent of records loss or destruction:  
N/A

Describe how it is proposed to reconstruct attendance records or estimate attendance in the absence of records:  
N/A

**AFFIDAVIT OF GOVERNING BOARD MEMBERS**

We, members constituting a majority of the governing board of the \_\_\_\_\_ school district, hereby swear (or affirm) that the foregoing statements are true and are based on official district records.

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Printed Names

Signatures

**At least a majority of the members of the governing board shall execute this affidavit.**

Subscribed and sworn (or affirmed) before me, this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature, Title \_\_\_\_\_

of \_\_\_\_\_ County, California

Contact/Individual responsible for preparing this form:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail: \_\_\_\_\_

**AFFIDAVIT OF COUNTY SUPERINTENDENT OF SCHOOLS**

The information and statements contained in the foregoing request are true and correct to the best of my knowledge and belief.

Signature, County Superintendent of Schools \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn (or affirmed) before me, this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature, Title \_\_\_\_\_

of \_\_\_\_\_ County, California

Contact/Individual responsible for preparing this form:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail: \_\_\_\_\_

**AFFIDAVIT OF CHARTER SCHOOL GOVERNING BOARD MEMBERS**

We, members constituting a majority of the governing board of the Magnolia Science Academy-2 charter school, hereby swear (or affirm) that the foregoing statements are true and are based on official district records.

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Printed Names

Signatures

**At least a majority of the members of the governing board shall execute this affidavit.**

Subscribed and sworn (or affirmed) before me, this 21st day of January, 2016.

Signature, Title \_\_\_\_\_

of Los Angeles County, California

Name: Lydiett Vega Title: Executive Office Manager

Phone: (818) 609-0507x109 Fax: (714) 362-9588 E-mail: lvega@magnoliapublicschools.org

**Approval by Superintendent of Authorized Local Educational Agency (LEA)**

Signature, Title \_\_\_\_\_

of \_\_\_\_\_ (LEA).

**AFFIDAVIT OF COUNTY SUPERINTENDENT OF SCHOOLS**

The information and statements contained in the foregoing request are true and correct to the best of my knowledge and belief.

Signature, County Superintendent of Schools \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn (or affirmed) before me, this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature, Title \_\_\_\_\_

of \_\_\_\_\_ County, California

Contact/Individual responsible for preparing this form:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail: \_\_\_\_\_

**REQUEST FOR ALLOWANCE OF ATTENDANCE  
BECAUSE OF EMERGENCY CONDITIONS  
Form J-13A (Rev. 01-05)**

School District (or Charter School) Name: Magnolia Science Academy-3

School District (or Charter School) Address: 1254 E. Helmick Street, Carson, CA 90746

County-District Code: 19 64733 0115030

County Name: Los Angeles

This form replaces the Form J-13A (Rev. 4-90) and should be used to obtain approval of attendance and instructional time credit under one or more of the following conditions:

- When one or more schools were closed because of conditions described in *Education Code* Section 41422
- When one or more schools were kept open but experienced a material decrease in attendance because of conditions described in *Education Code* Section 46392
- When attendance records have been lost or destroyed as described in *Education Code* Section 46391

Approved credit for instructional time may be used in conjunction with regular instructional days to satisfy the requirements of *Education Code* Section 37202 (equal length of instructional time among schools within a district).

A separate form should be submitted for each emergency event, but credit may be requested for more than one school and under one or more of the foregoing conditions on the same form. Each separate form must include the affidavit of the governing board members and the county superintendent before it can be approved by the State Superintendent of Public Instruction.

The original form (with the board members' affidavit) and two copies should be filed with the county superintendent of schools. If the county superintendent approves the request, he or she should execute the affidavit certifying that approval and forward all pages of the original and one copy of the form to:

Office of Principal Apportionment and Special Education  
School Fiscal Services Division  
California Department of Education  
1430 N Street, Suite 3800  
Sacramento, CA 95814

This form consists of five preprinted pages. Pages 1 and 5 (5C for charter schools) must accompany all submissions. Page 4 (Lost or Destroyed Attendance Records) will not need to be submitted by most districts. Multiple copies of Pages 2 and/or 3 may have to be submitted when claims are made on a school-by-school basis.

### SCHOOL CLOSURE

**Nature of Emergency (describe):** LEVEL 1 TERRORIST THREAT. Supt. Cortines ordered that all schools in the District both charter and traditional be closed.

**Name of School(s):** Magnolia Science Academy-3

**School Code(s):** CDS Code- 19 64733 0115030, Location Code 8464.

We request that apportionments be maintained and instructional time credited for the above named school(s) without regard to the fact that the school(s) were closed on (dates):  
Tuesday, December 15, 2015

because of the described emergency. Approval of this request authorizes the local educational agency to disregard these days in the computation of average daily attendance (ADA) (per Section 41422) and obtain credit for instructional time for the days and the instructional minutes that would have been regularly offered on those days pursuant to *Education Code* Section 46200, et seq.

If the school closure resulted from a power outage or impassable roads caused by inclement weather, state the number of school closure days for the same conditions in each of the last five years:

N/A

**MATERIAL DECREASE**

Nature of Emergency (describe): LEVEL 1 TERRORIST THREAT. Supt. Cortines ordered that all schools in the District both charter and traditional be closed.

Name of School: Magnolia Science Academy-3

School Code(s): CDS- 19 64733 0115030, Location Code 8464

We request the substitution of estimated days of attendance for actual days of attendance in accordance with the provisions of Section 46392. Approval of this request will authorize use of the estimated days of attendance in the computation of apportionments for the foregoing school(s) for (dates) 12/15/2015 during which school attendance was materially decreased because of the described emergency.

Estimated attendance for each day (October or May ADA): 443.05 students per day. Estimated daily attendance multiplied by number of days of material decrease, yields 443.05 days of attendance requested.

State method of determining estimated daily attendance (October or May ADA): October ADA 443.05

ADA for school month beginning on October 1, 2015 and ending on October 31, 2015.

Actual apportionable attendance for days of material decrease: 0

Site: Magnolia Science Academy-3      Date: 12/15/2015      Actual Attendance 0



**LOST OR DESTROYED ATTENDANCE RECORDS**

We request the use of estimated attendance in lieu of attendance that cannot be verified because of the loss or destruction of attendance records. This request is made in accordance with Section 46391. The entire period covered by the lost or destroyed records commences with \_\_\_\_\_, 2\_\_\_\_, up to and including, \_\_\_\_\_, 2\_\_\_\_\_.

Describe circumstances and extent of records loss or destruction:  
N/A

Describe how it is proposed to reconstruct attendance records or estimate attendance in the absence of records:  
N/A

**AFFIDAVIT OF GOVERNING BOARD MEMBERS**

We, members constituting a majority of the governing board of the \_\_\_\_\_ school district, hereby swear (or affirm) that the foregoing statements are true and are based on official district records.

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\_\_\_\_\_  
\_\_\_\_\_

Printed Names

Signatures

**At least a majority of the members of the governing board shall execute this affidavit.**

Subscribed and sworn (or affirmed) before me, this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature, Title \_\_\_\_\_

of \_\_\_\_\_ County, California

Contact/Individual responsible for preparing this form:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail: \_\_\_\_\_

**AFFIDAVIT OF COUNTY SUPERINTENDENT OF SCHOOLS**

The information and statements contained in the foregoing request are true and correct to the best of my knowledge and belief.

Signature, County Superintendent of Schools \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn (or affirmed) before me, this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature, Title \_\_\_\_\_

of \_\_\_\_\_ County, California

Contact/Individual responsible for preparing this form:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail: \_\_\_\_\_

**AFFIDAVIT OF CHARTER SCHOOL GOVERNING BOARD MEMBERS**

We, members constituting a majority of the governing board of the Magnolia Science Academy-3 charter school, hereby swear (or affirm) that the foregoing statements are true and are based on official district records.

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Printed Names

Signatures

**At least a majority of the members of the governing board shall execute this affidavit.**

Subscribed and sworn (or affirmed) before me, this 21st day of January, 2016.

Signature, Title \_\_\_\_\_  
of Los Angeles County, California

Name: Lydiett Vega Title: Executive Office Manager

Phone: (818) 609-0507x109 Fax: (714) 362-9588 E-mail: lvega@magnoliapublicschools.org

**Approval by Superintendent of Authorized Local Educational Agency (LEA)**

Signature, Title \_\_\_\_\_  
of \_\_\_\_\_ (LEA).

**AFFIDAVIT OF COUNTY SUPERINTENDENT OF SCHOOLS**

The information and statements contained in the foregoing request are true and correct to the best of my knowledge and belief.

Signature, County Superintendent of Schools \_\_\_\_\_  
Date: \_\_\_\_\_

Subscribed and sworn (or affirmed) before me, this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature, Title \_\_\_\_\_  
of \_\_\_\_\_ County, California

Contact/Individual responsible for preparing this form:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail: \_\_\_\_\_

**REQUEST FOR ALLOWANCE OF ATTENDANCE  
BECAUSE OF EMERGENCY CONDITIONS  
Form J-13A (Rev. 01-05)**

School District (or Charter School) Name: Magnolia Science Academy-4

School District (or Charter School) Address: 11330 W. Graham Place B-9, Los Angeles, CA 90064

County-District Code: 19 64733 0117622

County Name: Los Angeles

This form replaces the Form J-13A (Rev. 4-90) and should be used to obtain approval of attendance and instructional time credit under one or more of the following conditions:

- When one or more schools were closed because of conditions described in *Education Code* Section 41422
- When one or more schools were kept open but experienced a material decrease in attendance because of conditions described in *Education Code* Section 46392
- When attendance records have been lost or destroyed as described in *Education Code* Section 46391

Approved credit for instructional time may be used in conjunction with regular instructional days to satisfy the requirements of *Education Code* Section 37202 (equal length of instructional time among schools within a district).

A separate form should be submitted for each emergency event, but credit may be requested for more than one school and under one or more of the foregoing conditions on the same form. Each separate form must include the affidavit of the governing board members and the county superintendent before it can be approved by the State Superintendent of Public Instruction.

The original form (with the board members' affidavit) and two copies should be filed with the county superintendent of schools. If the county superintendent approves the request, he or she should execute the affidavit certifying that approval and forward all pages of the original and one copy of the form to:

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School Fiscal Services Division  
California Department of Education  
1430 N Street, Suite 3800  
Sacramento, CA 95814

This form consists of five preprinted pages. Pages 1 and 5 (5C for charter schools) must accompany all submissions. Page 4 (Lost or Destroyed Attendance Records) will not need to be submitted by most districts. Multiple copies of Pages 2 and/or 3 may have to be submitted when claims are made on a school-by-school basis.

## SCHOOL CLOSURE

**Nature of Emergency (describe):** LEVEL 1 TERRORIST THREAT. Supt. Cortines ordered that all schools in the District both charter and traditional be closed.

**Name of School(s):** Magnolia Science Academy-4

**School Code(s):** CDS Code- 19 64733 0117622, Location Code 8011.

We request that apportionments be maintained and instructional time credited for the above named school(s) without regard to the fact that the school(s) were closed on (dates):  
Tuesday, December 15, 2015

because of the described emergency. Approval of this request authorizes the local educational agency to disregard these days in the computation of average daily attendance (ADA) (per Section 41422) and obtain credit for instructional time for the days and the instructional minutes that would have been regularly offered on those days pursuant to *Education Code* Section 46200, et seq.

If the school closure resulted from a power outage or impassable roads caused by inclement weather, state the number of school closure days for the same conditions in each of the last five years:

N/A

**MATERIAL DECREASE**

Nature of Emergency (describe): LEVEL 1 TERRORIST THREAT. Supt. Cortines ordered that all schools in the District both charter and traditional be closed.

Name of School: Magnolia Science Academy-4

School Code(s): CDS- 19 64733 0117622, Location Code 8011.

We request the substitution of estimated days of attendance for actual days of attendance in accordance with the provisions of Section 46392. Approval of this request will authorize use of the estimated days of attendance in the computation of apportionments for the foregoing school(s) for (dates) 12/15/2015 during which school attendance was materially decreased because of the described emergency.

Estimated attendance for each day (October or May ADA): 176.76 students per day. Estimated daily attendance multiplied by number of days of material decrease, yields 176.76 days of attendance requested.

State method of determining estimated daily attendance (October or May ADA): October ADA 176.76

ADA for school month beginning on October 1, 2015 and ending on October 31, 2015.

Actual apportionable attendance for days of material decrease: 0

Site: Magnolia Science Academy-4      Date: 12/15/2015      Actual Attendance 0

**LOST OR DESTROYED ATTENDANCE RECORDS**

We request the use of estimated attendance in lieu of attendance that cannot be verified because of the loss or destruction of attendance records. This request is made in accordance with Section 46391. The entire period covered by the lost or destroyed records commences with \_\_\_\_\_, 2\_\_\_\_, up to and including, \_\_\_\_\_, 2\_\_\_\_\_.

Describe circumstances and extent of records loss or destruction:  
N/A

Describe how it is proposed to reconstruct attendance records or estimate attendance in the absence of records:  
N/A

**AFFIDAVIT OF GOVERNING BOARD MEMBERS**

We, members constituting a majority of the governing board of the \_\_\_\_\_ school district, hereby swear (or affirm) that the foregoing statements are true and are based on official district records.

\_\_\_\_\_  
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Printed Names

Signatures

**At least a majority of the members of the governing board shall execute this affidavit.**

Subscribed and sworn (or affirmed) before me, this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature, Title \_\_\_\_\_

of \_\_\_\_\_ County, California

Contact/Individual responsible for preparing this form:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail: \_\_\_\_\_

**AFFIDAVIT OF COUNTY SUPERINTENDENT OF SCHOOLS**

The information and statements contained in the foregoing request are true and correct to the best of my knowledge and belief.

Signature, County Superintendent of Schools \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn (or affirmed) before me, this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature, Title \_\_\_\_\_

of \_\_\_\_\_ County, California

Contact/Individual responsible for preparing this form:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail: \_\_\_\_\_



**AFFIDAVIT OF CHARTER SCHOOL GOVERNING BOARD MEMBERS**

We, members constituting a majority of the governing board of the Magnolia Science Academy-4 charter school, hereby swear (or affirm) that the foregoing statements are true and are based on official district records.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Printed Names	Signatures

**At least a majority of the members of the governing board shall execute this affidavit.**

Subscribed and sworn (or affirmed) before me, this 21st day of January, 2016.  
Signature, Title \_\_\_\_\_  
of Los Angeles County, California

Contact/Individual responsible for preparing this form:  
Name: Lydiett Vega Title: Executive Office Manager  
Phone: (818) 609-0507x109 Fax: (714) 362-9588 E-mail: lvega@magnoliapublicschools.org

**Approval by Superintendent of Authorized Local Educational Agency (LEA)**

Signature, Title \_\_\_\_\_  
of \_\_\_\_\_(LEA).

**AFFIDAVIT OF COUNTY SUPERINTENDENT OF SCHOOLS**

The information and statements contained in the foregoing request are true and correct to the best of my knowledge and belief.

Signature, County Superintendent of Schools \_\_\_\_\_  
Date: \_\_\_\_\_

Subscribed and sworn (or affirmed) before me, this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.  
Signature, Title \_\_\_\_\_  
of \_\_\_\_\_ County, California

Contact/Individual responsible for preparing this form:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail: \_\_\_\_\_

**REQUEST FOR ALLOWANCE OF ATTENDANCE  
BECAUSE OF EMERGENCY CONDITIONS  
Form J-13A (Rev. 01-05)**

School District (or Charter School) Name: Magnolia Science Academy-5

School District (or Charter School) Address: 18230 Kittridge Street, Reseda, CA 91335

County-District Code: 19 64733 0117630

County Name: Los Angeles

This form replaces the Form J-13A (Rev. 4-90) and should be used to obtain approval of attendance and instructional time credit under one or more of the following conditions:

- When one or more schools were closed because of conditions described in *Education Code* Section 41422
- When one or more schools were kept open but experienced a material decrease in attendance because of conditions described in *Education Code* Section 46392
- When attendance records have been lost or destroyed as described in *Education Code* Section 46391

Approved credit for instructional time may be used in conjunction with regular instructional days to satisfy the requirements of *Education Code* Section 37202 (equal length of instructional time among schools within a district).

A separate form should be submitted for each emergency event, but credit may be requested for more than one school and under one or more of the foregoing conditions on the same form. Each separate form must include the affidavit of the governing board members and the county superintendent before it can be approved by the State Superintendent of Public Instruction.

The original form (with the board members' affidavit) and two copies should be filed with the county superintendent of schools. If the county superintendent approves the request, he or she should execute the affidavit certifying that approval and forward all pages of the original and one copy of the form to:

Office of Principal Apportionment and Special Education  
School Fiscal Services Division  
California Department of Education  
1430 N Street, Suite 3800  
Sacramento, CA 95814

This form consists of five preprinted pages. Pages 1 and 5 (5C for charter schools) must accompany all submissions. Page 4 (Lost or Destroyed Attendance Records) will not need to be submitted by most districts. Multiple copies of Pages 2 and/or 3 may have to be submitted when claims are made on a school-by-school basis.

### SCHOOL CLOSURE

**Nature of Emergency (describe):** LEVEL 1 TERRORIST THREAT. Supt. Cortines ordered that all schools in the District both charter and traditional be closed.

**Name of School(s):** Magnolia Science Academy-5

**School Code(s):** CDS Code- 19 64733 0117630, Location Code 8012.

We request that apportionments be maintained and instructional time credited for the above named school(s) without regard to the fact that the school(s) were closed on (dates):  
Tuesday, December 15, 2015

because of the described emergency. Approval of this request authorizes the local educational agency to disregard these days in the computation of average daily attendance (ADA) (per Section 41422) and obtain credit for instructional time for the days and the instructional minutes that would have been regularly offered on those days pursuant to *Education Code* Section 46200, et seq.

If the school closure resulted from a power outage or impassable roads caused by inclement weather, state the number of school closure days for the same conditions in each of the last five years:

N/A

**MATERIAL DECREASE**

Nature of Emergency (describe): LEVEL 1 TERRORIST THREAT. Supt. Cortines ordered that all schools in the District both charter and traditional be closed.

Name of School: Magnolia Science Academy-5

School Code(s): CDS- 19 64733 0117630, Location Code 8012.

We request the substitution of estimated days of attendance for actual days of attendance in accordance with the provisions of Section 46392. Approval of this request will authorize use of the estimated days of attendance in the computation of apportionments for the foregoing school(s) for (dates) 12/15/2015 during which school attendance was materially decreased because of the described emergency.

Estimated attendance for each day (October or May ADA): 141.48 students per day. Estimated daily attendance multiplied by number of days of material decrease, yields 141.48 days of attendance requested.

State method of determining estimated daily attendance (October or May ADA): October ADA 141.48

ADA for school month beginning on October 1, 2015 and ending on October 31, 2015.

Actual apportionable attendance for days of material decrease: 0

Site: Magnolia Science Academy-5 Date: 20/15/2015 Actual Attendance 0

**LOST OR DESTROYED ATTENDANCE RECORDS**

We request the use of estimated attendance in lieu of attendance that cannot be verified because of the loss or destruction of attendance records. This request is made in accordance with Section 46391. The entire period covered by the lost or destroyed records commences with \_\_\_\_\_, 2\_\_\_\_, up to and including, \_\_\_\_\_, 2\_\_\_\_\_.

Describe circumstances and extent of records loss or destruction:  
N/A

Describe how it is proposed to reconstruct attendance records or estimate attendance in the absence of records:  
N/A

**AFFIDAVIT OF GOVERNING BOARD MEMBERS**

We, members constituting a majority of the governing board of the \_\_\_\_\_ school district, hereby swear (or affirm) that the foregoing statements are true and are based on official district records.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Names

Signatures

**At least a majority of the members of the governing board shall execute this affidavit.**

Subscribed and sworn (or affirmed) before me, this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature, Title \_\_\_\_\_

of \_\_\_\_\_ County, California

Contact/Individual responsible for preparing this form:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail: \_\_\_\_\_

**AFFIDAVIT OF COUNTY SUPERINTENDENT OF SCHOOLS**

The information and statements contained in the foregoing request are true and correct to the best of my knowledge and belief.

Signature, County Superintendent of Schools \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn (or affirmed) before me, this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature, Title \_\_\_\_\_

of \_\_\_\_\_ County, California

Contact/Individual responsible for preparing this form:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail: \_\_\_\_\_

**AFFIDAVIT OF CHARTER SCHOOL GOVERNING BOARD MEMBERS**

We, members constituting a majority of the governing board of the Magnolia Science Academy-5 charter school, hereby swear (or affirm) that the foregoing statements are true and are based on official district records.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Printed Names

Signatures

**At least a majority of the members of the governing board shall execute this affidavit.**

Subscribed and sworn (or affirmed) before me, this 21st day of January, 2016.

Signature, Title \_\_\_\_\_  
of Los Angeles County, California

Contact/Individual responsible for preparing this form:

Name: Lydiett Vega Title: Executive Office Manager

Phone: (818) 609-0507x109 Fax: (714) 362-9588 E-mail: lvega@magnoliapublicschools.org

**Approval by Superintendent of Authorized Local Educational Agency (LEA)**

Signature, Title \_\_\_\_\_  
of \_\_\_\_\_ (LEA).

**AFFIDAVIT OF COUNTY SUPERINTENDENT OF SCHOOLS**

The information and statements contained in the foregoing request are true and correct to the best of my knowledge and belief.

Signature, County Superintendent of Schools \_\_\_\_\_  
Date: \_\_\_\_\_

Subscribed and sworn (or affirmed) before me, this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature, Title \_\_\_\_\_  
of \_\_\_\_\_ County, California

Contact/Individual responsible for preparing this form:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail: \_\_\_\_\_

**REQUEST FOR ALLOWANCE OF ATTENDANCE  
BECAUSE OF EMERGENCY CONDITIONS  
Form J-13A (Rev. 01-05)**

School District (or Charter School) Name: Magnolia Science Academy-6

School District (or Charter School) Address: 3754 Dunn Drive, Los Angeles, CA 90034

County-District Code: 19 64733 0117648

County Name: Los Angeles

This form replaces the Form J-13A (Rev. 4-90) and should be used to obtain approval of attendance and instructional time credit under one or more of the following conditions:

- When one or more schools were closed because of conditions described in *Education Code* Section 41422
- When one or more schools were kept open but experienced a material decrease in attendance because of conditions described in *Education Code* Section 46392
- When attendance records have been lost or destroyed as described in *Education Code* Section 46391

Approved credit for instructional time may be used in conjunction with regular instructional days to satisfy the requirements of *Education Code* Section 37202 (equal length of instructional time among schools within a district).

A separate form should be submitted for each emergency event, but credit may be requested for more than one school and under one or more of the foregoing conditions on the same form. Each separate form must include the affidavit of the governing board members and the county superintendent before it can be approved by the State Superintendent of Public Instruction.

The original form (with the board members' affidavit) and two copies should be filed with the county superintendent of schools. If the county superintendent approves the request, he or she should execute the affidavit certifying that approval and forward all pages of the original and one copy of the form to:

Office of Principal Apportionment and Special Education  
School Fiscal Services Division  
California Department of Education  
1430 N Street, Suite 3800  
Sacramento, CA 95814

This form consists of five preprinted pages. Pages 1 and 5 (5C for charter schools) must accompany all submissions. Page 4 (Lost or Destroyed Attendance Records) will not need to be submitted by most districts. Multiple copies of Pages 2 and/or 3 may have to be submitted when claims are made on a school-by-school basis.



## SCHOOL CLOSURE

**Nature of Emergency (describe):** LEVEL 1 TERRORIST THREAT. Supt. Cortines ordered that all schools in the District both charter and traditional be closed.

**Name of School(s):** Magnolia Science Academy-6

**School Code(s):** CDS Code- 19 64733 0117648, Location Code 8013.

We request that apportionments be maintained and instructional time credited for the above named school(s) without regard to the fact that the school(s) were closed on (dates):  
Tuesday, December 15, 2015

because of the described emergency. Approval of this request authorizes the local educational agency to disregard these days in the computation of average daily attendance (ADA) (per Section 41422) and obtain credit for instructional time for the days and the instructional minutes that would have been regularly offered on those days pursuant to *Education Code* Section 46200, et seq.

If the school closure resulted from a power outage or impassable roads caused by inclement weather, state the number of school closure days for the same conditions in each of the last five years:

N/A

**MATERIAL DECREASE**

Nature of Emergency (describe): LEVEL 1 TERRORIST THREAT. Supt. Cortines ordered that all schools in the District both charter and traditional be closed.

Name of School: Magnolia Science Academy-6

School Code(s): CDS- 19 64733 0117648, Location Code 8013.

We request the substitution of estimated days of attendance for actual days of attendance in accordance with the provisions of Section 46392. Approval of this request will authorize use of the estimated days of attendance in the computation of apportionments for the foregoing school(s) for (dates) 12/15/2015 during which school attendance was materially decreased because of the described emergency.

Estimated attendance for each day (October or May ADA): 165.24 students per day. Estimated daily attendance multiplied by number of days of material decrease, yields 165.24 days of attendance requested.

State method of determining estimated daily attendance (October or May ADA): October ADA 165.24

ADA for school month beginning on October 1, 2015 and ending on October 31, 2015.

Actual apportionable attendance for days of material decrease: 0

Site: Magnolia Science Academy-6      Date: 12/15/2015      Actual Attendance 0

**LOST OR DESTROYED ATTENDANCE RECORDS**

We request the use of estimated attendance in lieu of attendance that cannot be verified because of the loss or destruction of attendance records. This request is made in accordance with Section 46391. The entire period covered by the lost or destroyed records commences with \_\_\_\_\_, 2\_\_\_\_, up to and including, \_\_\_\_\_, 2\_\_\_\_\_.

Describe circumstances and extent of records loss or destruction:  
N/A

Describe how it is proposed to reconstruct attendance records or estimate attendance in the absence of records:  
N/A

**AFFIDAVIT OF GOVERNING BOARD MEMBERS**

We, members constituting a majority of the governing board of the \_\_\_\_\_ school district, hereby swear (or affirm) that the foregoing statements are true and are based on official district records.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Names

Signatures

**At least a majority of the members of the governing board shall execute this affidavit.**

Subscribed and sworn (or affirmed) before me, this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature, Title \_\_\_\_\_

of \_\_\_\_\_ County, California

Contact/Individual responsible for preparing this form:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail: \_\_\_\_\_

**AFFIDAVIT OF COUNTY SUPERINTENDENT OF SCHOOLS**

The information and statements contained in the foregoing request are true and correct to the best of my knowledge and belief.

Signature, County Superintendent of Schools \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn (or affirmed) before me, this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature, Title \_\_\_\_\_

of \_\_\_\_\_ County, California

Contact/Individual responsible for preparing this form:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail: \_\_\_\_\_

**AFFIDAVIT OF CHARTER SCHOOL GOVERNING BOARD MEMBERS**

We, members constituting a majority of the governing board of the Magnolia Science Academy-6 charter school, hereby swear (or affirm) that the foregoing statements are true and are based on official district records.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Printed Names

Signatures

**At least a majority of the members of the governing board shall execute this affidavit.**

Subscribed and sworn (or affirmed) before me, this 21st day of January, 2016.

Signature, Title \_\_\_\_\_  
of Los Angeles County, California

Contact/Individual responsible for preparing this form:

Name: Lydiett Vega Title: Executive Office Manager

Phone: (818) 609-0507x109 Fax: (714) 362-9588 E-mail: lvega@magnoliapublicschools.org

**Approval by Superintendent of Authorized Local Educational Agency (LEA)**

Signature, Title \_\_\_\_\_  
of \_\_\_\_\_ (LEA).

**AFFIDAVIT OF COUNTY SUPERINTENDENT OF SCHOOLS**

The information and statements contained in the foregoing request are true and correct to the best of my knowledge and belief.

Signature, County Superintendent of Schools \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn (or affirmed) before me, this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature, Title \_\_\_\_\_  
of \_\_\_\_\_ County, California

Contact/Individual responsible for preparing this form:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail: \_\_\_\_\_

**REQUEST FOR ALLOWANCE OF ATTENDANCE  
BECAUSE OF EMERGENCY CONDITIONS  
Form J-13A (Rev. 01-05)**

School District (or Charter School) Name: Magnolia Science Academy-7

School District (or Charter School) Address: 18355 Roscoe Blvd., Northridge, CA 91325

County-District Code: 19 64733 0117655

County Name: Los Angeles

This form replaces the Form J-13A (Rev. 4-90) and should be used to obtain approval of attendance and instructional time credit under one or more of the following conditions:

- When one or more schools were closed because of conditions described in *Education Code* Section 41422
- When one or more schools were kept open but experienced a material decrease in attendance because of conditions described in *Education Code* Section 46392
- When attendance records have been lost or destroyed as described in *Education Code* Section 46391

Approved credit for instructional time may be used in conjunction with regular instructional days to satisfy the requirements of *Education Code* Section 37202 (equal length of instructional time among schools within a district).

A separate form should be submitted for each emergency event, but credit may be requested for more than one school and under one or more of the foregoing conditions on the same form. Each separate form must include the affidavit of the governing board members and the county superintendent before it can be approved by the State Superintendent of Public Instruction.

The original form (with the board members' affidavit) and two copies should be filed with the county superintendent of schools. If the county superintendent approves the request, he or she should execute the affidavit certifying that approval and forward all pages of the original and one copy of the form to:

Office of Principal Apportionment and Special Education  
School Fiscal Services Division  
California Department of Education  
1430 N Street, Suite 3800  
Sacramento, CA 95814

This form consists of five preprinted pages. Pages 1 and 5 (5C for charter schools) must accompany all submissions. Page 4 (Lost or Destroyed Attendance Records) will not need to be submitted by most districts. Multiple copies of Pages 2 and/or 3 may have to be submitted when claims are made on a school-by-school basis.

## SCHOOL CLOSURE

**Nature of Emergency (describe):** LEVEL 1 TERRORIST THREAT. Supt. Cortines ordered that all schools in the District both charter and traditional be closed.

**Name of School(s):** Magnolia Science Academy-7

**School Code(s):** CDS Code- 19 64733 0117655, Location Code 8014.

We request that apportionments be maintained and instructional time credited for the above named school(s) without regard to the fact that the school(s) were closed on (dates):  
Tuesday, December 15, 2015

because of the described emergency. Approval of this request authorizes the local educational agency to disregard these days in the computation of average daily attendance (ADA) (per Section 41422) and obtain credit for instructional time for the days and the instructional minutes that would have been regularly offered on those days pursuant to *Education Code* Section 46200, et seq.

If the school closure resulted from a power outage or impassable roads caused by inclement weather, state the number of school closure days for the same conditions in each of the last five years:

N/A

**MATERIAL DECREASE**

Nature of Emergency (describe): LEVEL 1 TERRORIST THREAT. Supt. Cortines ordered that all schools in the District both charter and traditional be closed.

Name of School: Magnolia Science Academy-7

School Code(s): CDS- 19 64733 0117655, Location Code 8014.

We request the substitution of estimated days of attendance for actual days of attendance in accordance with the provisions of Section 46392. Approval of this request will authorize use of the estimated days of attendance in the computation of apportionments for the foregoing school(s) for (dates) 12/15/2015 during which school attendance was materially decreased because of the described emergency.

Estimated attendance for each day (October or May ADA): 281.48 students per day. Estimated daily attendance multiplied by number of days of material decrease, yields 281.48 days of attendance requested.

State method of determining estimated daily attendance (October or May ADA): October ADA 281.48

ADA for school month beginning on October 1, 2015 and ending on October 31, 2015.

Actual apportionable attendance for days of material decrease: 0

Site: Magnolia Science Academy-7      Date: 12/15/2015      Actual Attendance 0



**LOST OR DESTROYED ATTENDANCE RECORDS**

We request the use of estimated attendance in lieu of attendance that cannot be verified because of the loss or destruction of attendance records. This request is made in accordance with Section 46391. The entire period covered by the lost or destroyed records commences with \_\_\_\_\_, 2\_\_\_\_, up to and including, \_\_\_\_\_, 2\_\_\_\_\_.

Describe circumstances and extent of records loss or destruction:  
N/A

Describe how it is proposed to reconstruct attendance records or estimate attendance in the absence of records:  
N/A

**AFFIDAVIT OF GOVERNING BOARD MEMBERS**

We, members constituting a majority of the governing board of the \_\_\_\_\_ school district, hereby swear (or affirm) that the foregoing statements are true and are based on official district records.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Names

Signatures

**At least a majority of the members of the governing board shall execute this affidavit.**

Subscribed and sworn (or affirmed) before me, this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature, Title \_\_\_\_\_

of \_\_\_\_\_ County, California

Contact/Individual responsible for preparing this form:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail: \_\_\_\_\_

**AFFIDAVIT OF COUNTY SUPERINTENDENT OF SCHOOLS**

The information and statements contained in the foregoing request are true and correct to the best of my knowledge and belief.

Signature, County Superintendent of Schools \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn (or affirmed) before me, this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature, Title \_\_\_\_\_

of \_\_\_\_\_ County, California

Contact/Individual responsible for preparing this form:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail: \_\_\_\_\_



**REQUEST FOR ALLOWANCE OF ATTENDANCE  
BECAUSE OF EMERGENCY CONDITIONS  
Form J-13A (Rev. 01-05)**

School District (or Charter School) Name: Magnolia Science Academy-8 (Bell)

School District (or Charter School) Address: 6411 Orchard Avenue, Bell, CA 90201

County-District Code: 19 64733 0122747

County Name: Los Angeles

This form replaces the Form J-13A (Rev. 4-90) and should be used to obtain approval of attendance and instructional time credit under one or more of the following conditions:

- When one or more schools were closed because of conditions described in *Education Code* Section 41422
- When one or more schools were kept open but experienced a material decrease in attendance because of conditions described in *Education Code* Section 46392
- When attendance records have been lost or destroyed as described in *Education Code* Section 46391

Approved credit for instructional time may be used in conjunction with regular instructional days to satisfy the requirements of *Education Code* Section 37202 (equal length of instructional time among schools within a district).

A separate form should be submitted for each emergency event, but credit may be requested for more than one school and under one or more of the foregoing conditions on the same form. Each separate form must include the affidavit of the governing board members and the county superintendent before it can be approved by the State Superintendent of Public Instruction.

The original form (with the board members' affidavit) and two copies should be filed with the county superintendent of schools. If the county superintendent approves the request, he or she should execute the affidavit certifying that approval and forward all pages of the original and one copy of the form to:

Office of Principal Apportionment and Special Education  
School Fiscal Services Division  
California Department of Education  
1430 N Street, Suite 3800  
Sacramento, CA 95814

This form consists of five preprinted pages. Pages 1 and 5 (5C for charter schools) must accompany all submissions. Page 4 (Lost or Destroyed Attendance Records) will not need to be submitted by most districts. Multiple copies of Pages 2 and/or 3 may have to be submitted when claims are made on a school-by-school basis.

## SCHOOL CLOSURE

**Nature of Emergency (describe):** LEVEL 1 TERRORIST THREAT. Supt. Cortines ordered that all schools in the District both charter and traditional be closed.

**Name of School(s):** Magnolia Science Academy-8

**School Code(s):** CDS Code- 19 64733 0122747, Location Code 5166.

We request that apportionments be maintained and instructional time credited for the above named school(s) without regard to the fact that the school(s) were closed on (dates):  
Tuesday, December 15, 2015

because of the described emergency. Approval of this request authorizes the local educational agency to disregard these days in the computation of average daily attendance (ADA) (per Section 41422) and obtain credit for instructional time for the days and the instructional minutes that would have been regularly offered on those days pursuant to *Education Code* Section 46200, et seq.

If the school closure resulted from a power outage or impassable roads caused by inclement weather, state the number of school closure days for the same conditions in each of the last five years:

N/A

**MATERIAL DECREASE**

Nature of Emergency (describe): LEVEL 1 TERRORIST THREAT. Supt. Cortines ordered that all schools in the District both charter and traditional be closed.

Name of School: Magnolia Science Academy-8

School Code(s): CDS- 19 64733 0122747, Location Code 5166.

We request the substitution of estimated days of attendance for actual days of attendance in accordance with the provisions of Section 46392. Approval of this request will authorize use of the estimated days of attendance in the computation of apportionments for the foregoing school(s) for (dates) 12/15/2015 during which school attendance was materially decreased because of the described emergency.

Estimated attendance for each day (October or May ADA): 484.90 students per day. Estimated daily attendance multiplied by number of days of material decrease, yields 484.90 days of attendance requested.

State method of determining estimated daily attendance (October or May ADA): October ADA 484.90

ADA for school month beginning on October 1, 2015 and ending on October 31, 2015.

Actual apportionable attendance for days of material decrease: 0

Site: Magnolia Science Academy-8      Date: 12/15/15      Actual Attendance 0

**LOST OR DESTROYED ATTENDANCE RECORDS**

We request the use of estimated attendance in lieu of attendance that cannot be verified because of the loss or destruction of attendance records. This request is made in accordance with Section 46391. The entire period covered by the lost or destroyed records commences with \_\_\_\_\_, 2\_\_\_\_, up to and including, \_\_\_\_\_, 2\_\_\_\_\_.

Describe circumstances and extent of records loss or destruction:  
N/A

Describe how it is proposed to reconstruct attendance records or estimate attendance in the absence of records:  
N/A

**AFFIDAVIT OF GOVERNING BOARD MEMBERS**

We, members constituting a majority of the governing board of the \_\_\_\_\_ school district, hereby swear (or affirm) that the foregoing statements are true and are based on official district records.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Names

Signatures

**At least a majority of the members of the governing board shall execute this affidavit.**

Subscribed and sworn (or affirmed) before me, this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature, Title \_\_\_\_\_

of \_\_\_\_\_ County, California

Contact/Individual responsible for preparing this form:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail: \_\_\_\_\_

**AFFIDAVIT OF COUNTY SUPERINTENDENT OF SCHOOLS**

The information and statements contained in the foregoing request are true and correct to the best of my knowledge and belief.

Signature, County Superintendent of Schools \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn (or affirmed) before me, this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature, Title \_\_\_\_\_

of \_\_\_\_\_ County, California

Contact/Individual responsible for preparing this form:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail: \_\_\_\_\_





# ADA Summary Report

School Name: Magnolia Science Academy-1  
 Report Start Date: October 01, 2015  
 Report End Date: October 31, 2015

Average Daily Attendance	
Max pup:	11314
Actual:	10995
ADA:	523.57
ADA%:	97.18%
Inst. days:	21

Grd	Group	E1	E2	E3	E4	E5	L1	L2	L3	L4	L5	Lst	Add	Ros	Rem	Cur	nAd	EXC	UNEX	ACTUAL	MAX	DNE	TOTAL	ADA	ADA %
06	6-A	0	0	0	0	0	0	0	0	0	0	28	0	28	0	0	0	5	1	582	588	0	588	27.714	98.98%
	6-B	0	0	0	0	0	0	0	0	0	0	28	0	28	0	0	0	10	16	562	588	0	588	26.762	95.58%
	6-C	0	0	0	0	1	0	0	0	0	1	28	1	29	0	0	0	15	1	591	607	2	609	28.143	97.36%
	<b>Sub Total:</b>	0	0	0	0	1		0	0	0	0	84	1	85	0	0	0	30	18	1735	1783	2	1785	82.619	97.31%

07	7-A	0	0	0	0	0	0	1	0	0	0	30	0	30	1	0	0	17	1	596	614	16	630	28.381	97.07%
	7-B	0	0	0	0	0	0	0	0	0	0	27	0	27	0	0	0	36	2	529	567	0	567	25.19	93.3%
	7-C	0	0	0	0	0	0	0	0	0	0	28	0	30	0	0	0	10	1	583	594	36	630	27.762	98.15%
	<b>Sub Total:</b>	0	0	0	0	0		1	0	0	0	85	0	87	1	0	0	63	4	1708	1775	52	1827	81.333	96.17%

08	8-A	0	0	0	0	0	0	0	0	0	0	26	0	26	0	0	0	7	1	538	546	0	546	25.619	98.53%
	8-B	0	0	0	0	0	0	0	0	0	0	22	0	22	0	0	0	10	0	452	462	0	462	21.524	97.84%
	8-C	0	0	0	0	0	0	0	0	0	0	24	0	24	0	0	0	11	0	493	504	0	504	23.476	97.82%
	8-D	0	0	0	0	0	0	0	0	0	0	25	0	25	0	0	0	12	0	513	525	0	525	24.429	97.71%
	<b>Sub Total:</b>	0	0	0	0	0		0	0	0	0	97	0	97	0	0	0	40	1	1996	2037	0	2037	95.048	97.98%

09	9-A	0	0	0	0	0	0	0	0	0	0	23	0	23	0	0	0	5	1	477	483	0	483	22.714	98.76%
	9-B	0	0	0	0	0	0	0	0	0	0	23	0	23	0	0	0	6	3	474	483	0	483	22.571	98.14%
	9-C	0	0	0	0	0	0	0	0	0	0	25	0	25	0	0	0	7	0	518	525	0	525	24.667	98.67%
	<b>Sub Total:</b>	0	0	0	0	0		0	0	0	0	71	0	71	0	0	0	18	4	1469	1491	0	1491	69.952	98.52%

10	10-A	0	0	0	0	0	0	1	0	0	0	25	0	25	1	0	0	3	0	508	511	14	525	24.19	99.41%
	10-B	0	0	0	0	0	0	0	0	0	0	23	0	23	0	0	0	11	0	472	483	0	483	22.476	97.72%
	10-C	0	0	0	0	0	0	0	0	0	0	22	0	22	0	0	0	21	10	431	462	0	462	20.524	93.29%

<b>10</b>	<b>Sub Total:</b>	0	0	0	0	0	1	0	0	0	70	0	70	1	0	0	35	10	1411	1456	14	1470	67.19	96.81%
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<b>11</b>	11-A	0	0	0	0	0	0	0	0	0	0	22	0	22	0	0	0	4	0	458	462	0	462	21.81	99.13%
	11-B	0	0	0	0	0	0	0	0	0	0	26	0	26	0	0	0	13	0	533	546	0	546	25.381	97.62%
	11-C	0	0	0	0	0	0	0	0	0	0	24	0	24	0	0	0	28	3	473	504	0	504	22.524	93.85%
	<b>Sub Total:</b>	0	0	0	0	0	0	0	0	0	0	72	0	72	0	0	0	45	3	1464	1512	0	1512	69.714	96.87%

<b>12</b>	12-A	0	0	0	0	0	0	0	0	0	0	34	0	34	0	0	0	25	1	688	714	0	714	32.762	96.36%
	12-B	0	0	0	0	0	0	0	0	0	0	26	0	26	0	0	0	20	2	524	546	0	546	24.952	95.97%
	<b>Sub Total:</b>	0	0	0	0	0	0	0	0	0	0	60	0	60	0	0	0	45	3	1212	1260	0	1260	57.714	96.16%

<b>Total:</b>	0	0	0	0	1	2	0	0	0	539	1	542	2	0	0	276	43	10995	11314	68	11382	523.571	97.18%
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\* No attendance data was found for 0 pupil days.  
 Total number of missing Leave Code =0  
 Total number of missing Entry Code =0  
 Report Date: December 17, 2015

**Lst** :# of stds brought forward  
**Add** :# of stds enrolling  
**Ros** :# of stds on rosters  
**Rem** : # of stds withdrawing  
**Cur** : # of stds remaining close of month  
**nAd**:# no Attendance Data

**Exc**: Excused Absences  
**Unex** :Unexcused absences  
**Actual**: Actual attendance  
**Max** : Max possible attendance (Pupil + Exc +  
**DNE**: Days Not Enrolled  
**Total** :Inst.days \* NumOfStds

## ADA Summary Report

**School Name:** Magnolia Science Academy-2  
**Report Start Date:** October 01, 2015  
**Report End Date:** October 31, 2015

Average Daily Attendance	
Max pup:	10228
Actual:	9790
ADA:	466.19
ADA%:	95.72%
Inst. days:	21

Grd	Group	E1	E2	E3	E4	E5	L1	L2	L3	L4	L5	Lst	Add	Ros	Rem	Cur	nAd	EXC	UNEX	ACTUAL	MAX	DNE	TOTAL	ADA	ADA %
06	6-A	0	0	0	0	0	0	0	0	0	0	33	0	33	0	0	0	9	3	681	693	0	693	32.429	98.27%
	6-B	0	0	0	0	0	0	0	0	0	0	31	0	31	0	0	0	19	4	628	651	0	651	29.905	96.47%
	6-C	0	0	0	0	0	0	0	0	0	0	32	0	32	0	0	0	13	2	657	672	0	672	31.286	97.77%
	<b>Sub Total:</b>	0	0	0	0	0		0	0	0	0	96	0	96	0	0	0	<b>41</b>	<b>9</b>	<b>1966</b>	<b>2016</b>	<b>0</b>	<b>2016</b>	<b>93.619</b>	<b>97.5%</b>

07	7-A	0	0	0	0	0	0	1	0	0	0	35	0	35	1	0	0	16	5	706	727	8	735	33.619	97.11%
	7-B	0	0	0	0	0	0	0	0	0	0	35	0	35	0	0	0	21	12	702	735	0	735	33.429	95.51%
	7-C	0	0	0	0	0	0	0	0	0	0	35	0	35	0	0	0	19	2	714	735	0	735	34	97.14%
	<b>Sub Total:</b>	0	0	0	0	0		1	0	0	0	105	0	105	1	0	0	<b>56</b>	<b>19</b>	<b>2122</b>	<b>2197</b>	<b>8</b>	<b>2205</b>	<b>101.048</b>	<b>96.59%</b>

08	8-A	0	0	0	0	0	0	0	0	0	0	34	0	34	0	0	0	14	4	696	714	0	714	33.143	97.48%
	8-B	0	0	0	0	0	0	0	0	0	0	35	0	35	0	0	0	28	4	703	735	0	735	33.476	95.65%
	8-C	0	0	0	0	0	0	0	0	0	0	34	0	34	0	0	0	23	1	690	714	0	714	32.857	96.64%
	<b>Sub Total:</b>	0	0	0	0	0		0	0	0	0	103	0	103	0	0	0	<b>65</b>	<b>9</b>	<b>2089</b>	<b>2163</b>	<b>0</b>	<b>2163</b>	<b>99.476</b>	<b>96.59%</b>

09	9-A	0	2	0	0	0	0	0	0	0	0	23	2	25	0	0	0	36	4	485	525	0	525	23.095	92.38%
	9-B	0	2	0	0	0	0	0	0	0	0	25	2	27	0	0	1	26	7	506	540	27	567	24.095	93.7%
	<b>Sub Total:</b>	0	4	0	0	0		0	0	0	0	48	4	52	0	0	1	<b>62</b>	<b>11</b>	<b>991</b>	<b>1065</b>	<b>27</b>	<b>1092</b>	<b>47.19</b>	<b>93.04%</b>

10	10-A	0	0	0	0	0	0	1	0	0	0	23	0	23	1	0	0	15	0	460	475	8	483	21.905	96.84%
	10-B	0	0	0	0	0	0	1	0	0	0	23	0	23	1	0	0	20	9	435	464	19	483	20.714	93.75%
	<b>Sub Total:</b>	0	0	0	0	0		2	0	0	0	46	0	46	2	0	0	<b>35</b>	<b>9</b>	<b>895</b>	<b>939</b>	<b>27</b>	<b>966</b>	<b>42.619</b>	<b>95.3%</b>

11	11-A	0	0	0	0	0	0	0	0	0	0	20	0	20	0	0	0	26	1	393	420	0	420	18.714	93.57%
	11-B	0	0	0	0	0	0	0	0	0	0	20	0	20	0	0	0	31	1	388	420	0	420	18.476	92.38%
	<b>Sub Total:</b>	0	0	0	0	0		0	0	0	0	40	0	40	0	0	0	<b>57</b>	<b>2</b>	<b>781</b>	<b>840</b>	<b>0</b>	<b>840</b>	<b>37.19</b>	<b>92.98%</b>

12	12-12 A	0	0	0	0	0	0	0	0	0	0	24	0	24	0	0	0	27	3	474	504	0	504	22.571	94.05%
	12-12 B	0	0	0	0	0	0	0	0	0	0	24	0	24	0	0	0	22	10	472	504	0	504	22.476	93.65%
	<b>Sub Total:</b>	0	0	0	0	0		0	0	0	0	48	0	48	0	0	0	<b>49</b>	<b>13</b>	<b>946</b>	<b>1008</b>	<b>0</b>	<b>1008</b>	<b>45.048</b>	<b>93.85%</b>

<b>Total:</b>	0	4	0	0	0		3	0	0	0	486	4	490	3	0	1	365	72	9790	10228	62	10290	466.19	95.72%
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\* No attendance data was found for 1 pupil days.  
Total number of missing Leave Code =0  
Total number of missing Entry Code =0  
Report Date: December 17, 2015

**Lst** :# of stds brought forward  
**Add** :# of stds enrolling  
**Ros** :# of stds on rosters  
**Rem** : # of stds withdrawing  
**Cur** : # of stds remaining close of month  
**nAd**:# no Attendance Data

**Exc**: Excused Absences  
**Unex** :Unexcused absences  
**Actual**: Actual attendance  
**Max** : Max possible attendance (Pupil + Exc +  
**DNE**: Days Not Enrolled  
**Total** :Inst.days \* NumOfStds

## ADA Summary Report

**School Name:** Magnolia Science Academy-3  
**Report Start Date:** October 01, 2015  
**Report End Date:** October 31, 2015

Average Daily Attendance	
Max pup:	9545
Actual:	9304
ADA:	443.05
ADA%:	97.48%
Inst. days:	21

Grd	Group	E1	E2	E3	E4	E5	L1	L2	L3	L4	L5	Lst	Add	Ros	Rem	Cur	nAd	EXC	UNEX	ACTUAL	MAX	DNE	TOTAL	ADA	ADA %
06	6-Cobr	0	0	0	0	0	0	1	0	0	0	30	0	30	1	0	0	6	8	610	624	6	630	29.048	97.76%
	6-Sidw	0	0	0	0	0	0	0	0	0	0	30	0	30	0	0	0	8	0	622	630	0	630	29.619	98.73%
	6-Tai	0	1	0	0	0	0	0	0	0	0	28	1	29	0	0	1	5	1	586	593	16	609	27.905	98.82%
	<b>Sub Total:</b>	0	1	0	0	0		1	0	0	0	88	1	89	1	0	1	19	9	1818	1847	22	1869	86.571	98.44%

07	7-Cobr	0	1	0	0	0	0	0	1	0	0	31	1	32	1	0	2	17	1	640	660	12	672	30.476	96.97%
	7-Sidw	0	0	0	0	0	0	0	0	0	0	33	0	33	0	0	0	12	1	680	693	0	693	32.381	98.12%
	7-Tai	0	0	0	0	0	0	0	0	0	0	34	0	34	0	0	0	5	5	704	714	0	714	33.524	98.6%
	<b>Sub Total:</b>	0	1	0	0	0		0	1	0	0	98	1	99	1	0	2	34	7	2024	2067	12	2079	96.381	97.9%

08	8-Cob	0	0	0	0	0	0	2	0	0	0	33	0	33	2	0	0	11	0	660	671	22	693	31.429	98.36%
	8-Sidw	0	0	0	0	0	0	0	0	0	0	32	0	32	0	0	0	17	5	650	672	0	672	30.952	96.73%
	8-Taip	0	0	0	0	0	0	0	0	0	0	31	0	31	0	0	0	16	2	633	651	0	651	30.143	97.24%
	<b>Sub Total:</b>	0	0	0	0	0		2	0	0	0	96	0	96	2	0	0	44	7	1943	1994	22	2016	92.524	97.44%

09	9-Cobr	0	1	0	0	1	0	0	2	0	1	24	2	26	2	0	0	4	2	494	500	46	546	23.524	98.8%
	9-Tai	0	0	0	0	0	0	0	0	0	0	26	0	26	0	0	0	10	1	535	546	0	546	25.476	97.99%
	<b>Sub Total:</b>	0	1	0	0	1		0	2	0	0	50	2	52	2	0	0	14	3	1029	1046	46	1092	49	98.39%

10	10-Cob	0	0	0	0	0	0	0	0	0	0	26	0	26	0	0	0	18	2	526	546	0	546	25.048	96.34%
	10-Tai	0	0	0	0	0	0	1	0	0	0	21	0	21	1	0	0	5	9	418	432	9	441	19.905	96.76%
	<b>Sub Total:</b>	0	0	0	0	0		1	0	0	0	47	0	47	1	0	0	23	11	944	978	9	987	44.952	96.55%

11	11-Cobr	0	0	0	0	0	0	0	0	0	0	21	0	22	0	0	0	10	6	442	458	4	462	21.048	96.51%
	11-Taip	0	0	0	0	0	0	0	0	0	0	21	0	21	0	0	0	14	4	423	441	0	441	20.143	95.92%
	<b>Sub Total:</b>	0	0	0	0	0		0	0	0	0	42	0	43	0	0	0	24	10	865	899	4	903	41.19	96.21%

12	12-Cobr	0	0	0	0	0	0	0	0	0	0	18	0	18	0	0	0	12	6	360	378	0	378	17.143	95.24%
	12-Taip	0	0	0	0	0	0	0	0	0	0	16	0	16	0	0	0	14	1	321	336	0	336	15.286	95.54%
	<b>Sub Total:</b>	0	0	0	0	0		0	0	0	0	34	0	34	0	0	0	26	7	681	714	0	714	32.429	95.39%

<b>Total:</b>	0	3	0	0	1		4	3	0	0		455	4	460	7	0	3	184	54	9304	9545	115	9660	443.048	97.48%
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\* No attendance data was found for 3 pupil days.  
Total number of missing Leave Code =0  
Total number of missing Entry Code =0  
Report Date: December 17, 2015

**Lst** :# of stds brought forward  
**Add** :# of stds enrolling  
**Ros** :# of stds on rosters  
**Rem** : # of stds withdrawing  
**Cur** : # of stds remaining close of month  
**nAd**:# no Attendance Data

**Exc**: Excused Absences  
**Unex** :Unexcused absences  
**Actual**: Actual attendance  
**Max** : Max possible attendance (Pupil + Exc +  
**DNE**: Days Not Enrolled  
**Total** :Inst.days \* NumOfStds

## ADA Summary Report

**School Name:** Magnolia Science Academy-4  
**Report Start Date:** October 01, 2015  
**Report End Date:** October 31, 2015

Average Daily Attendance	
Max pup:	3877
Actual:	3712
ADA:	176.76
ADA%:	95.74%
Inst. days:	21

Grd	Group	E1	E2	E3	E4	E5	L1	L2	L3	L4	L5	Lst	Add	Ros	Rem	Cur	nAd	EXC	UNEX	ACTUAL	MAX	DNE	TOTAL	ADA	ADA %
06	6-MIT	0	1	1	0	0	0	0	0	0	0	11	2	13	0	0	2	2	2	258	264	9	273	12.286	97.73%
	<b>Sub Total:</b>	0	1	1	0	0		0	0	0	0	11	2	13	0	0	2	2	2	258	264	9	273	12.286	97.73%
07	7-UCSD	0	0	0	0	0	0	0	0	0	0	24	0	24	0	0	0	6	0	498	504	0	504	23.714	98.81%
	<b>Sub Total:</b>	0	0	0	0	0		0	0	0	0	24	0	24	0	0	0	6	0	498	504	0	504	23.714	98.81%
08	8-LMU	0	1	0	0	0	0	0	0	0	0	33	1	34	0	0	0	21	0	686	707	7	714	32.667	97.03%
	<b>Sub Total:</b>	0	1	0	0	0		0	0	0	0	33	1	34	0	0	0	21	0	686	707	7	714	32.667	97.03%
09	9-UCLA	0	2	0	0	0	0	1	0	0	0	20	2	22	1	0	0	13	10	421	444	18	462	20.048	94.82%
	9-USC	0	0	0	0	0	0	0	0	0	0	20	0	20	0	0	0	9	8	403	420	0	420	19.19	95.95%
	<b>Sub Total:</b>	0	2	0	0	0		1	0	0	0	40	2	42	1	0	0	22	18	824	864	18	882	39.238	95.39%
10	10-CORN	0	1	0	0	0	0	0	0	0	0	26	1	27	0	0	4	20	9	518	551	16	567	24.667	94.01%
	<b>Sub Total:</b>	0	1	0	0	0		0	0	0	0	26	1	27	0	0	4	20	9	518	551	16	567	24.667	94.01%
11	11-HARV	0	0	0	0	0	0	0	0	0	0	26	0	26	0	0	0	19	12	515	546	0	546	24.524	94.32%
	<b>Sub Total:</b>	0	0	0	0	0		0	0	0	0	26	0	26	0	0	0	19	12	515	546	0	546	24.524	94.32%
12	12-PRIN	0	0	0	0	0	0	0	0	0	0	21	0	21	0	0	0	22	6	413	441	0	441	19.667	93.65%
	<b>Sub Total:</b>	0	0	0	0	0		0	0	0	0	21	0	21	0	0	0	22	6	413	441	0	441	19.667	93.65%
<b>Total:</b>		0	5	1	0	0		1	0	0	0	181	6	187	1	0	6	112	47	3712	3877	50	3927	176.762	95.74%

\* No attendance data was found for 6 pupil days.  
Total number of missing Leave Code =0  
Total number of missing Entry Code =0  
Report Date: December 17, 2015

**Lst** :# of stds brought forward  
**Add** :# of stds enrolling  
**Ros** :# of stds on rosters  
**Rem** : # of stds withdrawing  
**Cur** : # of stds remaining close of month  
**nAd**:# no Attendance Data

**Exc**: Excused Absences  
**Unex** :Unexcused absences  
**Actual**: Actual attendance  
**Max** : Max possible attendance (Pupil + Exc +  
**DNE**: Days Not Enrolled  
**Total** :Inst.days \* NumOfStds

# ADA Summary Report

**School Name:** Magnolia Science Academy-5  
**Report Start Date:** October 01, 2015  
**Report End Date:** October 31, 2015

Average Daily Attendance	
Max pup:	3108
Actual:	2971
ADA:	141.48
ADA%:	95.59%
Inst. days:	21

Grd	Group	E1	E2	E3	E4	E5	L1	L2	L3	L4	L5	Lst	Add	Ros	Rem	Cur	nAd	EXC	UNEX	ACTUAL	MAX	DNE	TOTAL	ADA	ADA %
06	6-A	0	0	0	0	0	0	0	0	0	0	23	0	23	0	0	0	7	5	471	483	0	483	22.429	97.52%
	6-B	0	0	0	0	0	0	0	0	0	0	22	0	22	0	0	0	22	4	436	462	0	462	20.762	94.37%
	6-C	0	0	0	0	0	0	0	0	0	0	19	0	19	0	0	0	3	2	394	399	0	399	18.762	98.75%
	<b>Sub Total:</b>	0	0	0	0	0	0	0	0	0	0	64	0	64	0	0	0	32	11	1301	1344	0	1344	61.952	96.88%
07	7-A	0	0	0	0	0	0	0	0	0	0	21	0	21	0	0	0	25	6	410	441	0	441	19.524	92.97%
	7-B	0	0	0	0	0	0	0	0	0	0	20	0	20	0	0	0	9	6	405	420	0	420	19.286	96.43%
	7-C	0	0	0	0	0	0	0	0	0	0	20	0	20	0	0	0	8	11	401	420	0	420	19.095	95.48%
	<b>Sub Total:</b>	0	0	0	0	0	0	0	0	0	0	61	0	61	0	0	0	42	23	1216	1281	0	1281	57.905	94.96%
08	8-A	0	0	0	0	0	0	0	0	0	0	23	0	23	0	0	0	22	7	454	483	0	483	21.619	94%
	<b>Sub Total:</b>	0	0	0	0	0	0	0	0	0	0	23	0	23	0	0	0	22	7	454	483	0	483	21.619	94%
<b>Total:</b>		0	0	0	0	0	0	0	0	0	0	148	0	148	0	0	0	96	41	2971	3108	0	3108	141.476	95.59%

\* No attendance data was found for 0 pupil days.  
 Total number of missing Leave Code =0  
 Total number of missing Entry Code =0  
 Report Date: December 17, 2015

**Lst** :# of stds brought forward  
**Add** :# of stds enrolling  
**Ros** :# of stds on rosters  
**Rem** : # of stds withdrawing  
**Cur** : # of stds remaining close of month  
**nAd** :# no Attendance Data

**Exc** :Excused Absences  
**Unex** :Unexcused absences  
**Actual** : Actual attendance  
**Max** : Max possible attendance (Pupil + Exc +  
**DNE** : Days Not Enrolled  
**Total** :Inst.days \* NumOfStds

# ADA Summary Report

**School Name:** Magnolia Science Academy-6  
**Report Start Date:** October 01, 2015  
**Report End Date:** October 31, 2015

Average Daily Attendance	
Max pup:	3502
Actual:	3470
ADA:	165.24
ADA%:	99.09%
Inst. days:	21

Grd	Group	E1	E2	E3	E4	E5	L1	L2	L3	L4	L5	Lst	Add	Ros	Rem	Cur	nAd	EXC	UNEX	ACTUAL	MAX	DNE	TOTAL	ADA	ADA %
06	6-MIT	0	0	1	0	0	0	0	0	0	0	30	1	31	0	0	1	1	0	639	641	10	651	30.429	99.69%
	6-USC	0	0	0	0	0	0	0	0	0	0	31	0	31	0	0	0	11	0	640	651	0	651	30.476	98.31%
	<b>Sub Total:</b>	0	0	1	0	0		0	0	0	0	61	1	62	0	0	1	12	0	1279	1292	10	1302	60.905	99%

07	7-HAR	0	1	0	0	0	0	0	0	0	0	27	1	28	0	0	1	3	0	582	586	2	588	27.714	99.32%
	7-STAN	0	0	0	0	0	0	0	0	0	0	26	0	26	0	0	0	4	0	542	546	0	546	25.81	99.27%
	<b>Sub Total:</b>	0	1	0	0	0		0	0	0	0	53	1	54	0	0	1	7	0	1124	1132	2	1134	53.524	99.29%

08	8-UCLA	0	0	1	0	0	0	0	0	0	0	25	1	26	0	0	1	5	0	530	536	10	546	25.238	98.88%
	8-Yale	0	0	0	1	0	0	0	0	0	0	25	1	26	0	0	0	5	0	537	542	4	546	25.571	99.08%
	<b>Sub Total:</b>	0	0	1	1	0		0	0	0	0	50	2	52	0	0	1	10	0	1067	1078	14	1092	50.81	98.98%

<b>Total:</b>	0	1	2	1	0		0	0	0	0	0	164	4	168	0	0	3	29	0	3470	3502	26	3528	165.238	99.09%
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\* No attendance data was found for 3 pupil days.  
 Total number of missing Leave Code = 0  
 Total number of missing Entry Code = 0  
 Report Date: December 17, 2015

**Lst** :# of stds brought forward  
**Add** :# of stds enrolling  
**Ros** :# of stds on rosters  
**Cur** :# of stds withdrawing  
**Rem** :# of stds remaining close of month  
**nAd** :# no Attendance Data

**Exc**: Excused Absences  
**Unex**: Unexcused absences  
**Actual**: Actual attendance  
**Max**: Max possible attendance (Pupil + Exc +  
**DNE**: Days Not Enrolled  
**Total**: Inst.days \* NumOfStds

## ADA Summary Report

**School Name:** Magnolia Science Academy-7  
**Report Start Date:** October 01, 2015  
**Report End Date:** October 31, 2015

Average Daily Attendance	
Max pup:	6110
Actual:	5911
ADA:	281.48
ADA%:	96.74%
Inst. days:	21

Grd	Group	E1	E2	E3	E4	E5	L1	L2	L3	L4	L5	Lst	Add	Ros	Rem	Cur	nAd	EXC	UNEX	ACTUAL	MAX	DNE	TOTAL	ADA	ADA %
00	KG-A	0	0	0	0	0	0	0	0	0	0	23	0	23	0	0	0	24	0	459	483	0	483	21.857	95.03%
	KG-TK	0	0	0	0	0	0	0	0	0	0	2	0	2	0	0	0	1	0	41	42	0	42	1.952	97.62%
	<b>Sub Total:</b>	0	0	0	0	0	0	0	0	0	0	25	0	25	0	0	0	25	0	500	525	0	525	23.81	96.33%
01	1-A	0	0	0	0	0	0	0	0	0	0	27	0	27	0	0	0	16	0	551	567	0	567	26.238	97.18%
	<b>Sub Total:</b>	0	0	0	0	0	0	0	0	0	0	27	0	27	0	0	0	16	0	551	567	0	567	26.238	97.18%
02	2-A	0	0	0	0	0	0	0	0	0	0	26	0	26	0	0	0	17	0	529	546	0	546	25.19	96.89%
	2-B	0	0	0	0	0	0	0	0	0	0	27	0	27	0	0	0	12	0	555	567	0	567	26.429	97.88%
	<b>Sub Total:</b>	0	0	0	0	0	0	0	0	0	0	53	0	53	0	0	0	29	0	1084	1113	0	1113	51.619	97.39%
03	3-A	0	0	0	0	0	0	0	0	0	0	26	0	26	0	0	0	19	1	526	546	0	546	25.048	96.34%
	3-B	0	0	0	0	0	0	0	0	0	0	25	0	25	0	0	0	13	5	507	525	0	525	24.143	96.57%
	3-C	0	0	0	0	0	0	0	0	0	0	26	0	26	0	0	0	28	0	518	546	0	546	24.667	94.87%
	<b>Sub Total:</b>	0	0	0	0	0	0	0	0	0	0	77	0	77	0	0	0	60	6	1551	1617	0	1617	73.857	95.93%
04	4-A	0	0	0	0	0	0	0	0	0	0	28	1	29	0	0	2	6	4	596	608	1	609	28.381	98.03%
	4-B	0	0	0	0	0	0	0	0	0	0	29	0	29	0	0	0	21	5	583	609	0	609	27.762	95.73%
	<b>Sub Total:</b>	0	0	0	0	0	0	0	0	0	0	57	1	58	0	0	2	27	9	1179	1217	1	1218	56.143	96.88%
05	5-A	0	0	0	0	0	0	0	0	0	0	26	0	26	0	0	0	18	0	528	546	0	546	25.143	96.7%
	5-B	0	0	0	0	0	0	0	0	0	0	25	0	25	0	0	0	7	0	518	525	0	525	24.667	98.67%
	<b>Sub Total:</b>	0	0	0	0	0	0	0	0	0	0	51	0	51	0	0	0	25	0	1046	1071	0	1071	49.81	97.68%
	<b>Total:</b>	0	0	0	0	0	0	0	0	0	0	290	1	291	0	0	2	182	15	5911	6110	1	6111	281.476	96.74%

\* No attendance data was found for 2 pupil days.  
Total number of missing Leave Code =0  
Total number of missing Entry Code =0  
Report Date: December 17, 2015

**Lst** :# of stds brought forward  
**Add** :# of stds enrolling  
**Ros** :# of stds on rosters  
**Rem** : # of stds withdrawing  
**Cur** : # of stds remaining close of month  
**nAd**:# no Attendance Data

**Exc**: Excused Absences  
**Unex** :Unexcused absences  
**Actual**: Actual attendance  
**Max** : Max possible attendance (Pupil + Exc +  
**DNE** : Days Not Enrolled  
**Total** :Inst.days \* NumOfStds

# ADA Summary Report

School Name: Magnolia Science Academy-8  
 Report Start Date: October 01, 2015  
 Report End Date: October 31, 2015

Average Daily Attendance	
Max pup:	10364
Actual:	10183
ADA:	484.9
ADA%:	98.25%
Inst. days:	21

Grd	Group	E1	E2	E3	E4	E5	L1	L2	L3	L4	L5	Lst	Add	Ros	Rem	Cur	nAd	EXC	UNEX	ACTUAL	MAX	DNE	TOTAL	ADA	ADA %
06	6-A	0	1	0	0	0	0	0	0	0	0	32	1	33	0	0	0	8	1	675	684	9	693	32.143	98.68%
	6-B	0	0	0	0	0	0	0	0	0	0	33	0	33	1	0	0	12	0	680	692	1	693	32.381	98.27%
	6-C	0	0	0	0	0	0	0	0	0	0	33	0	33	0	0	0	1	0	692	693	0	693	32.952	99.86%
	6-D	0	0	0	0	0	0	0	0	0	0	33	0	33	0	0	0	9	0	684	693	0	693	32.571	98.7%
	6-E	0	0	0	0	0	0	0	0	0	0	32	0	32	0	0	0	7	0	665	672	0	672	31.667	98.96%
	<b>Sub Total:</b>	0	1	0	0	0		0	0	0	0	1	163	1	164	1	0	0	37	1	3396	3434	10	3444	161.714
07	7-A	0	0	0	0	0	0	0	0	0	0	33	0	33	0	0	0	12	4	677	693	0	693	32.238	97.69%
	7-B	0	0	0	0	0	0	0	0	0	0	33	0	33	0	0	0	3	0	690	693	0	693	32.857	99.57%
	7-C	0	0	0	0	0	0	0	0	0	0	34	0	34	0	0	0	13	2	699	714	0	714	33.286	97.9%
	7-D	0	0	0	0	0	0	0	0	0	0	34	0	34	0	0	0	8	1	705	714	0	714	33.571	98.74%
	7-E	0	0	0	0	0	0	0	0	0	0	34	0	34	0	0	0	11	2	701	714	0	714	33.381	98.18%
	<b>Sub Total:</b>	0	0	0	0	0		0	0	0	0	0	168	0	168	0	0	0	47	9	3472	3528	0	3528	165.333
08	8-A	0	0	0	0	0	0	0	0	0	0	31	0	31	0	0	0	10	4	637	651	0	651	30.333	97.85%
	8-B	0	0	0	0	0	0	0	0	0	0	31	0	31	0	0	0	16	1	634	651	0	651	30.19	97.39%
	8-C	0	0	0	0	0	0	0	0	0	0	33	0	33	0	0	0	26	9	658	693	0	693	31.333	94.95%
	8-D	0	0	0	0	0	0	0	0	0	0	34	0	34	0	0	0	10	1	703	714	0	714	33.476	98.46%
	8-E	0	0	0	0	0	0	0	0	0	0	33	0	33	0	0	0	9	1	683	693	0	693	32.524	98.56%
	<b>Sub Total:</b>	0	0	0	0	0		0	0	0	0	0	162	0	162	0	0	0	71	16	3315	3402	0	3402	157.857
<b>Total:</b>	0	1	0	0	0		0	0	0	0	1	493	1	494	1	0	0	155	26	10183	10364	10	10374	484.905	98.25%



\* No attendance data was found for 0 pupil days.  
Total number of missing Leave Code =0  
Total number of missing Entry Code =0  
Report Date: December 17, 2015

**Lst** :# of stds brought forward  
**Add** :# of stds enrolling  
**Ros** :# of stds on rosters  
**Rem** : # of stds withdrawing  
**Cur** : # of stds remaining close of month  
**nAd**:# no Attendance Data

**Exc**: Excused Absences  
**Unex** :Unexcused absences  
**Actual**: Actual attendance  
**Max** : Max possible attendance (Pupil + Exc +  
**DNE**: Days Not Enrolled  
**Total** :Inst.days \* NumOfStds