

# MAGNOLIA PUBLIC SCHOOLS

### **Board Of Directors**

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 Lydiett 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
during which school attendance was materially decreased because of the described emergency.
Estimated attendance for each day (October or May ADA):students per day. Estimated daily attendance multiplied by number of days of material decrease, yieldsdays 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

LOST ON DESTROTED 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
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**

			ng board of the or affirm) that the fore	
statements are true				3
		<u> </u>		
Printe	d Names		Signatures	
At least a majorit	y of the members	of the gover	ning board shall exe	ecute this affidavit.
Subscribed and sw	vorn (or affirmed) b	pefore me, this	day of	. 2 .
				,
of				
Contact/Individual	•	. •		
Name:		Title:	E-mail:	
Phone:	Fax :		E-mail:	
AFFI	DAVIT OF COUNT	Y SUPERINT	ENDENT OF SCHOO	DLS
The information and to the best of my k			regoing request are t	rue and correct
Signature, County	Superintendent of	Schools		
Date:				
Subscribed and sw Signature, Title			day of	, 2
of				
Contact/Individual	responsible for pre	eparing this for	m:	
Name:		Title:		
Phone:	Fax:		E-mail:	

# AFFIDAVIT OF CHARTER SCHOOL GOVERNING BOARD MEMBERS

We, members constituting a majority of the governing board of the <u>Magnolia Science</u> <u>Academy</u> 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 <u>21st</u> day of <u>January</u> , 2 <u>016</u> .
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, thisday of, 2
Signature, Title
ofCounty, 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):466.19students per day. Estimated daily attendance multiplied by number of days of material decrease, yields466.19days 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 a 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				
Describe circumstance N/A	es and extent of rec	ords loss or destru	uction:	
Describe how it is proposed the absence of records N/A		t attendance recor	ds or estimate attenda	ance in

A	FFIDAVIT OF GOV	ERNING BOARD MEMBERS	
We, members const	ituting a majority of	the governing board of the	
	school district, here	eby swear (or affirm) that the for	
statements are true	and are based on o	official district records.	
		_	
		_	
		_	
Printed	Names	Signatures	
At least a majority	of the members of	f the governing board shall ex	xecute this affidavit.
Cultiparilla ad a sad acces	/ a.v. aff:a al\ la af	ana maa Alaia day af	2
	,	ore me, thisday of	, Z
of	County, Call	fornia	
Contact/Individual re	esponsible for prepa	aring this form:	
Name:		Title:	
Phone:	Fax :	E-mail:	
		SUPERINTENDENT OF SCHO	
to the best of my kn		ned in the foregoing request are	true and correct
to the best of my kin	swicage and belief.		
Signature, County S	uperintendent of So	chools	
Date:			
Cuba aniba al anadaura	/ a.u. aff:a a.d.\ la af	ana na a thia a day at	2
	,	ore me, thisday of	
=			
of	County, California		
Contact/Individual re	esponsible for prepa	aring this form:	
Name:		_Title:	
		E-mail:	

# AFFIDAVIT OF CHARTER SCHOOL GOVERNING BOARD MEMBERS

We, members constituting a majority of the Academy-2	governing board of the <u>Magnolia Science</u> charter school, hereby swear (or affirm)
that the foregoing statements are true and	are based on official district records.
Printed Names	Signatures
	e governing board shall execute this affidavit.
Subscribed and sworn (or affirmed) before	me, this <u>21st</u> day of <u>January</u> , 2 <u>016</u> .
Signature, Title	
of Los Angeles County, C	
Name: Lydiett Vega	-
Phone: (818) 609-0507x109 Fax: (714) 362-95	88 E-mail: lvega@magnoliapublicschools.org
Approval by Superintendent of Author	orized Local Educational Agency (LEA)
Signature, Title	
of	(LEA).
AFFIDAVIT OF COUNTY SUF	PERINTENDENT OF SCHOOLS
The information and statements contained to the best of my knowledge and belief.	in the foregoing request are true and correct
Signature, County Superintendent of School Date:	ols
Subscribed and sworn (or affirmed) before	me, thisday of, 2
Signature, Title	•
ofCounty, Californ	
Contact/Individual responsible for preparing	this form:
Name:T	
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 v 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				
Describe circumstances a N/A	nd extent of records I	oss or destruction:		
Describe how it is propose the absence of records: N/A	ed to reconstruct atter	ndance records or	estimate attendance in	

A	FFIDAVIT OF GOV	ERNING BOARD MEMBERS	
We, members const	tuting a majority of	the governing board of the	
		by swear (or affirm) that the foregoin	
statements are true	and are based on of	fficial district records.	
		_	
		_	
		_	
		-	
Printed I	Names	Signatures	
		the governing board shall execut	e this affidavit
At least a majority		the governing board shall execut	c tilis allidavit.
Subscribed and swo	rn (or affirmed) befo	ore me, thisday of	, 2
Signature, Title			
of	County, Calif	fornia	
Contact/Individual re	ananaihla far nrana	ring this form:	
Contact/Individual re	•		
Name:		_ Title:	
Phone:	Fax :	E-mail:	
AFFID.	VIT OF COUNTY S	SUPERINTENDENT OF SCHOOLS	
The information and	statements contain	ed in the foregoing request are true	and correct
to the best of my know		3 3 1	
0'		Localis	
,	•	chools	
Date:			
Subscribed and swo	rn (or affirmed) befo	ore me, thisday of	2
	·	ady or	
of	County, Camornia		
Contact/Individual re	sponsible for prepa	ring this form:	
Name:		_ Title:	
		E-mail:	

# AFFIDAVIT OF CHARTER SCHOOL GOVERNING BOARD MEMBERS

We, members constituting a majority of the Academy-3	governing board of the <u>Magnolia Science</u> charter school, hereby swear (or affirm)
that the foregoing statements are true and a	are based on official district records.
Printed Names	Signatures
	e governing board shall execute this affidavit.
· ·	me, this <u>21st</u> day of <u>January</u> , 2 <u>016</u> .
Signature, Title	
of Los Angeles County, C	Salifornia
Name: Lydiett Vega	Title: Executive Office Manager
Phone: (818) 609-0507x109 Fax: (714) 362-95	88 E-mail: lvega@magnoliapublicschools.org
Approval by Superintendent of Author	orized Local Educational Agency (LEA)
Signature, Title	
of	
	( )
AFFIDAVIT OF COUNTY SUF	PERINTENDENT OF SCHOOLS
The information and statements contained it to the best of my knowledge and belief.	n the foregoing request are true and correct
Signature, County Superintendent of School Date:	ols
Subscribed and sworn (or affirmed) before	me, thisday of, 2,
Signature, Title	-
ofCounty, Californ	
Contact/Individual responsible for preparing	this form:
Name:Ti	
Phone: Fax:	

### 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:

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-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

Site: Magnolia Science Academy-4

#### 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

Date: 12/15/2015

Actual Attendance 0

# LOST OR DESTROYED ATTENDANCE RECORDS

We request the use of estimated attendance in lieu of attendance that because of the loss or destruction of attendance records. This request accordance with Section 46391. The entire period covered by the lost records commences with			his request is made by the lost or destro	st is made in t or destroyed	
Describe circumstances N/A	and extent of reco	ords loss or destr	uction:		
Describe how it is propose the absence of records: N/A	sed to reconstruct	attendance reco	rds or estimate atte	ndance in	

We, members constituting a majority of the governing board of the	AFFIDAVIT OF GOVE	RNING BOARD MEMBERS	_
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, thisday of, 2  Signature, Title ofCounty, 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  County, California  Contact/Individual responsible for preparing this form:  Name: Title:	We, members constituting a majority of th	ne governing board of the	
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, thisday of, 2  Signature, Title ofCounty, 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, thisday of, 2  Signature, Title County, California  Contact/Individual responsible for preparing this form:  Name: Title:			
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, thisday of, 2  Signature, Title	statements are true and are based on offi	icial 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, thisday of, 2  Signature, Title 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 County, California  Contact/Individual responsible for preparing this form:  Name: Title:			
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, thisday of, 2  Signature, Title			
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, thisday of, 2  Signature, Title 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  County, California  Contact/Individual responsible for preparing this form:  Name: Title:			
Printed Names  At least a majority of the members of the governing board shall execute this affidavit.  Subscribed and sworn (or affirmed) before me, thisday of, 2  Signature, Title ofCounty, 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, thisday of, 2  Signature, Title County, California  Contact/Individual responsible for preparing this form:  Name: Title:			
At least a majority of the members of the governing board shall execute this affidavit.  Subscribed and sworn (or affirmed) before me, thisday of, 2  Signature, Title 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, thisday of, 2  Signature, Title County, California  Contact/Individual responsible for preparing this form:  Name: Title:			
At least a majority of the members of the governing board shall execute this affidavit.  Subscribed and sworn (or affirmed) before me, thisday of, 2  Signature, Title ofCounty, 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, thisday of, 2  Signature, Title ofCounty, California  Contact/Individual responsible for preparing this form:  Name: Title:			
At least a majority of the members of the governing board shall execute this affidavit.  Subscribed and sworn (or affirmed) before me, thisday of, 2  Signature, Title			
At least a majority of the members of the governing board shall execute this affidavit.  Subscribed and sworn (or affirmed) before me, thisday of, 2  Signature, Title ofCounty, 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, thisday of, 2  Signature, Title ofCounty, California  Contact/Individual responsible for preparing this form:  Name: Title:			
Subscribed and sworn (or affirmed) before me, thisday of, 2  Signature, Title  ofCounty, 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, thisday of, 2  Signature, Title  ofCounty, California  Contact/Individual responsible for preparing this form:  Name: Title:	At least a majority of the members of t	·	affidavit
Signature, Title	, a loude a majority of the monitorio of t		amaaviii
Contact/Individual responsible for preparing this form:  Name:	Subscribed and sworn (or affirmed) befor	re me, thisday of	, 2 <u> </u> .
Contact/Individual responsible for preparing this form:  Name:	Signature, Title		
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, thisday of, 2  Signature, Title  ofCounty, California  Contact/Individual responsible for preparing this form:  Name: Title:	ofCounty, Califo	ornia	
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, thisday of, 2  Signature, Title  ofCounty, California  Contact/Individual responsible for preparing this form:  Name: Title:			
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, thisday of, 2  Signature, Title  ofCounty, California  Contact/Individual responsible for preparing this form:  Name: Title:	Contact/Individual responsible for prepari	ing this form:	
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			
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	rione rax		
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			
to the best of my knowledge and belief.  Signature, County Superintendent of Schools	AFFIDAVIT OF COUNTY S	UPERINTENDENT OF SCHOOLS	
Signature, County Superintendent of Schools  Date:  Subscribed and sworn (or affirmed) before me, thisday of, 2  Signature, Title  ofCounty, California  Contact/Individual responsible for preparing this form:  Name:Title:	The information and statements contained	d in the foregoing request are true and co	orrect
Date:  Subscribed and sworn (or affirmed) before me, thisday of, 2  Signature, Title  ofCounty, California  Contact/Individual responsible for preparing this form:  Name:Title:	to the best of my knowledge and belief.		
Date:  Subscribed and sworn (or affirmed) before me, thisday of, 2  Signature, Title  ofCounty, California  Contact/Individual responsible for preparing this form:  Name:Title:	Signature County Superintendent of Sch	ools	
Subscribed and sworn (or affirmed) before me, thisday of, 2  Signature, Title ofCounty, California  Contact/Individual responsible for preparing this form:  Name: Title:			
Signature, Title ofCounty, California  Contact/Individual responsible for preparing this form:  Name: Title:	Date		
Signature, Title ofCounty, California  Contact/Individual responsible for preparing this form:  Name: Title:	Subscribed and sworn (or affirmed) befor	re me, thisday of	, 2
ofCounty, California  Contact/Individual responsible for preparing this form:  Name:Title:			
Contact/Individual responsible for preparing this form:  Name:Title:	_		
Name:Title:			
Name:Title:			
Name:Title:	·		
	Name:	Title:	

# AFFIDAVIT OF CHARTER SCHOOL GOVERNING BOARD MEMBERS

We, members constituting a majority of the governing board of the <u>Magnolia Science</u> <u>Academy-4</u> charter school, hereby swear (or affirm)
that the foregoing statements are true and are based on official district records.
<u> </u>
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 <u>21st</u> day of <u>January</u> , 2 <u>016</u> .
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, thisday of, 2  Signature, Title
ofCounty, California
Contact/Individual responsible for preparing this form:  Name: Title:
Phone:

### 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

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

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 \_\_\_\_\_\_ 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 because of the loss or destruction of attendance records. This request accordance with Section 46391. The entire period covered by the lost records commences with, 2, up to a, 2			nis request is made i by the lost or destroy	st is made in t or destroyed	
Describe circumstances a N/A	and extent of reco	rds loss or destru	uction:		
Describe how it is propos the absence of records: N/A	ed to reconstruct	attendance reco	rds or estimate atten	dance in	

A	FFIDAVIT OF GOV	ERNING BOARD MEMBERS	
We, members const	tuting a majority of	the governing board of the	
		by swear (or affirm) that the foregoin	
statements are true	and are based on of	fficial district records.	
		_	
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		_	
		_	
		_	
		_	
		-	
Printed	 Names	Signatures	
		the governing board shall execut	e this affidavit
At least a majority		the governing board shall execut	c tilis allidavit.
Subscribed and swo	rn (or affirmed) befo	ore me, thisday of	, 2
Signature, Title			
of	County, Calif	fornia	
Contact/Individual re	ananaihla far arana	uring this form:	
Contact/Individual re		<u> </u>	
Name:		_ Title:	
Phone:	Fax :	E-mail:	
AFFID/	VIT OF COUNTY S	SUPERINTENDENT OF SCHOOLS	
The information and	statements contain	ed in the foregoing request are true	and correct
to the best of my know		3 3 1	
0'		Localis	
	•	chools	
Date:			
Subscribed and swo	rn (or affirmed) befo	ore me, thisday of	2
	•	aay or	
of	County, Camornia		
Contact/Individual re	sponsible for prepa	ring this form:	
Name:		_ Title:	
		E-mail:	

# AFFIDAVIT OF CHARTER SCHOOL GOVERNING BOARD MEMBERS

We, members constituting a majority of the governing board of the <u>Magnolia Science</u> <u>Academy-5</u> charter school, hereby swear (or affirm)	
that the foregoing statements are true and are based on official district records.	
	_
	_
<del>-</del>	_
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	_
	_
Drinted Newson	_
Printed Names Signatures	
At least a majority of the members of the governing board shall execute this affida	ivit.
Subscribed and sworn (or affirmed) before me, this <u>21st</u> day of <u>January</u> , 2 <u>016</u>	
Signature, Title	
of <u>Los Angeles</u> County, California	
Contact/Individual reasonable for propering this forms	
Contact/Individual responsible for preparing this form:	
Name: <u>Lydiett Vega</u> Title: <u>Executive Office Manager</u>	-
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).	
OI(LLA).	
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:	
Date:  Subscribed and sworn (or affirmed) before me, thisday of, 2	- -
Date:  Subscribed and sworn (or affirmed) before me, thisday of	- 
Date:  Subscribed and sworn (or affirmed) before me, thisday of, 2	- 
Date:  Subscribed and sworn (or affirmed) before me, thisday of	
Date:	
Date:	
Date:	

### 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.

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):165.24students per day. Estimated daily attendance multiplied by number of days of material decrease, yields165.24days 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 to because of the loss or destruction of attendance records. This requaccordance with Section 46391. The entire period covered by the I records commences with, 2, up, 2			This request is made i I by the lost or destroy	uest is made in lost or destroyed	
Describe circumstances N/A	and extent of rec	ords loss or dest	ruction:		
Describe how it is proporthe absence of records: N/A		t attendance reco	ords or estimate atten	dance in	

AFFIDAVIT OF GOVE	RNING BOARD MEMBERS	
We, members constituting a majority of th	e governing board of the	
	y swear (or affirm) that the foregoing	
statements are true and are based on offi		
Printed Names	Signatures	
At least a majority of the members of the	he governing board shall execute this	affidavit.
Subscribed and sworn (or affirmed) before	o mo this day of	2
,		, Z <u> </u> .
Signature, Title		•
ofCounty, Califo	rnia	
Contact/Individual responsible for preparir Name:	Title:	
Phone: Fax :	E-mail:	
AFFIDAVIT OF COUNTY SU	JPERINTENDENT OF SCHOOLS	
The information and statements contained to the best of my knowledge and belief.		orrect
Signature, County Superintendent of Scho	ools	
Date:		
Subscribed and sworn (or affirmed) before	e me, thisday of	, 2
Signature, Title		·
ofCounty, California		
County, Camornia		
Contact/Individual responsible for preparis	ng this form:	
Name:	Title:	
Phone: Fax :		

### AFFIDAVIT OF CHARTER SCHOOL GOVERNING BOARD MEMBERS

We, members constitut Academy-6	ting a majority o	of the governing board of the <u>Magnolia Science</u> charter school, hereby swear (or affirm)
that the foregoing state	ments are true	and are based on official district records.
Printed Nan	 nes	Signatures
		of the governing board shall execute this affidavit.
		efore me, this <u>21st</u> day of <u>January</u> , 2 <u>016</u> .
of Los Angeles	Cou	inty, California
Contact/Individual resp	onsible for prer	paring this form:
•		S .
		Title: Executive Office Manager
Phone: <u>(818) 609-0507x1</u>	<u>09</u> Fax: <u>(714) 36</u>	62-9588 E-mail: lvega@magnoliapublicschools.org
Approval by Supe	rintendent of /	Authorized Local Educational Agency (LEA)
		, in the second control of the second contro
Signature, Title		
of		(LEA).
<u> </u>		(==7,1).
AFFIDAV	IT OF COUNTY	SUPERINTENDENT OF SCHOOLS
The information and state to the best of my knowledge.		ined in the foregoing request are true and correct f.
Signature, County Sup-		Schools
Signature, Title		efore me, thisday of, 2,
_		
_		
of		
of	County, Ca	alifornia
ofContact/Individual resp	County, Ca	paring this form:
ofContact/Individual resp	County, Ca	alifornia

#### 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 reques 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): <u>281.48</u> students per day. Estimated daily attendance multiplied by number of days of material decrease, yields <u>281.48</u> 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

because of the loss o	r destruction of atter ion 46391. The entir	ndance records. T re period covered	dance that cannot be vertile that cannot be vertile to the lost or destroyed and including the control of the control of the cannot be control of the control of the cannot be cannot be control of the cannot be control of the cannot be cannot	d
Describe circumstanc N/A	es and extent of rec	ords loss or destr	uction:	
Describe how it is pro the absence of record N/A	•	t attendance reco	rds or estimate attenda	ınce in

AF	FIDAVIT OF GOV	ERNING BOARD MEMBERS	
We, members constitu	uting a majority of t	the governing board of the	
		by swear (or affirm) that the foregoing	
statements are true a	nd are based on of	fficial district records.	
		_	
Printed Na	ames	Signatures	
		the governing board shall execute	thic affidavit
At least a majority o	i the members of	the governing board shall execute	tilis alliuavit.
Subscribed and sworr	n (or affirmed) befo	ore me, thisday of	, 2
Signature, Title			
of			
	<u> </u>		
Contact/Individual res		<u> </u>	
Name:		_ Title:	
Phone:	Fax :	E-mail:	
AFFIDA\	VIT OF COUNTY S	SUPERINTENDENT OF SCHOOLS	
The information and s	statements contains	ed in the foregoing request are true a	nd correct
to the best of my know		ed in the foregoing request are tide a	id correct
, <b>,</b>			
Signature, County Su	perintendent of Sci	hools	
Date:			
O. d	- / <b> </b>	day of	0
	•	ore me, thisday of	
ofC	Colifornia		
٠c	Journey, Camornia		
o	ounty, Camornia		
		ring this form:	
Contact/Individual res	sponsible for prepa	ring this form: Title:	

### AFFIDAVIT OF CHARTER SCHOOL GOVERNING BOARD MEMBERS

We, members constituting a majority of Academy-7	of the governing board of the <u>Magnolia Science</u> _charter school, hereby swear (or affirm)
that the foregoing statements are true	and are based on official district records.
	Signatures
	Signatures of the governing board shall execute this affidavit.
Signature, Title	efore me, this <u>21st</u> day of <u>January</u> , 2 <u>016</u> .
of Los Angeles Cou	
Contact/Individual responsible for prep	•
Name: Lydiett Vega	Title: Executive Office Manager
	62-9588 E-mail: lvega@magnoliapublicschools.org
Phone: (818) 609-0507x109 Fax: (714) 3	
Phone: (818) 609-0507x109 Fax: (714) 30  Approval by Superintendent of A	62-9588 E-mail: lvega@magnoliapublicschools.org  Authorized Local Educational Agency (LEA)
Phone: (818) 609-0507x109 Fax: (714) 30  Approval by Superintendent of A  Signature, Title	62-9588 E-mail: lvega@magnoliapublicschools.org  Authorized Local Educational Agency (LEA)
Phone: (818) 609-0507x109 Fax: (714) 30  Approval by Superintendent of A  Signature, Title  of	62-9588 E-mail: lvega@magnoliapublicschools.org  Authorized Local Educational Agency (LEA)
Phone: (818) 609-0507x109 Fax: (714) 30  Approval by Superintendent of A  Signature, Title  of	62-9588 E-mail: lvega@magnoliapublicschools.org  Authorized Local Educational Agency (LEA) (LEA).
Approval by Superintendent of A Signature, Title of AFFIDAVIT OF COUNTY	Authorized Local Educational Agency (LEA)  (LEA).  (SUPERINTENDENT OF SCHOOLS  ined in the foregoing request are true and correct
Approval by Superintendent of A Signature, Title  of  AFFIDAVIT OF COUNTY The information and statements contato the best of my knowledge and belie	Authorized Local Educational Agency (LEA)  (LEA).  (Superintendent of Schools  ined in the foregoing request are true and correct of.  Schools
Approval by Superintendent of A Signature, Title  of  AFFIDAVIT OF COUNTY The information and statements contato the best of my knowledge and belie Signature, County Superintendent of S Date:	Authorized Local Educational Agency (LEA)  (LEA).  (Schools
Approval by Superintendent of A Signature, Title  of  AFFIDAVIT OF COUNTY The information and statements contato the best of my knowledge and belie Signature, County Superintendent of S Date:  Subscribed and sworn (or affirmed) be	Authorized Local Educational Agency (LEA)  (LEA).  (Superintendent of Schools  ined in the foregoing request are true and correct of.  Schools
Approval by Superintendent of A Signature, Title  of  AFFIDAVIT OF COUNTY The information and statements contato the best of my knowledge and belie Signature, County Superintendent of S Date:  Subscribed and sworn (or affirmed) be	Authorized Local Educational Agency (LEA)  (LEA).  (SUPERINTENDENT OF SCHOOLS are true and correct of the foregoing request are true and correct of the foregoing true and corre
Approval by Superintendent of A Signature, Title  of  AFFIDAVIT OF COUNTY The information and statements conta to the best of my knowledge and belie Signature, County Superintendent of Subscribed and sworn (or affirmed) be Signature, Title	Authorized Local Educational Agency (LEA)  (LEA).  (SUPERINTENDENT OF SCHOOLS are true and correct of the foregoing request are true and correct of the foregoing true and corre
Approval by Superintendent of A Signature, Title  of  AFFIDAVIT OF COUNTY The information and statements conta to the best of my knowledge and belie Signature, County Superintendent of Subscribed and sworn (or affirmed) be Signature, Title	Authorized Local Educational Agency (LEA)
Approval by Superintendent of A Signature, Title of AFFIDAVIT OF COUNTY The information and statements contato the best of my knowledge and belies Signature, County Superintendent of Subscribed and sworn (or affirmed) be Signature, Title of County, Ca Contact/Individual responsible for preports.	Authorized Local Educational Agency (LEA)  (LEA).  (SUPERINTENDENT OF SCHOOLS ained in the foregoing request are true and correct of.  Schools

#### 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 because of the loss of accordance with Section records commences where the contract of t	destruction of atter on 46391. The enti	ndance records. The period covered	his request is made in	d
Describe circumstanc N/A	es and extent of rec	ords loss or destr	uction:	
Describe how it is pro the absence of record N/A		et attendance reco	rds or estimate attenda	ance in

AFFIDAVIT OF GOVER	RNING BOARD MEMBERS	
We, members constituting a majority of the	e governing board of the	
	swear (or affirm) that the foregoing	
statements are true and are based on office	cial district records.	
		,
B. C. IN	0: 1	
Printed Names	Signatures	
At least a majority of the members of the	ne governing board shall execute this	affidavit.
Subscribed and sworn (or affirmed) before	e me this day of	2
,	·	.,
Signature, Title		•
ofCounty, Califor	rnia	
Contact/Individual responsible for preparir	ng this form:	
Name:	Title:	
Phone: Fax :	E-mail:	
A FEID AVIT OF GOLINTY OF		
AFFIDAVII OF COUNTY SU	IPERINTENDENT OF SCHOOLS	
The information and statements contained	I in the foregoing request are true and c	orrect
to the best of my knowledge and belief.		
Signature, County Superintendent of Scho	nols	
Date:		
Date		
Subscribed and sworn (or affirmed) before	e me, thisday of	, 2
Signature, Title		· <u></u>
ofCounty, California		•
ofCounty, Camornia		
Contact/Individual responsible for preparir	ng this form:	
Name:	Title:	
Phone: Fax :		

### AFFIDAVIT OF CHARTER SCHOOL GOVERNING BOARD MEMBERS

We, members constituting a majority of the governing board of the <u>Magnolia</u> Academy-8charter school, hereby swear	(or affirm)
that the foregoing statements are true and are based on official district record	S.
Printed Names Signatures	
At least a majority of the members of the governing board shall execute	
Subscribed and sworn (or affirmed) before me, this <u>21st</u> day of <u>January</u>	, 2 <u>016</u> .
Signature, Title	
of Los Angeles County, California	
Contact/Individual responsible for preparing this form:	
Name: Lydiett Vega Title: Executive Office Manage	r
Phone: (818) 609-0507x109 Fax: (714) 362-9588 E-mail: lvega@magnoliapublicscho	
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 at to the best of my knowledge and belief.	nd correct
Signature, County Superintendent of Schools Date:	
Subscribed and sworn (or affirmed) before me, thisday of	, 2
Signature, Title	
ofCounty, California	
Contact/Individual responsible for preparing this form:	
Name:Title:	
Phone: Fax :E-mail:	

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%
	Sub Total:	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%
	Sub Total:	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%
	Sub Total:	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%
	Sub Total:	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%

10	Sub Total:	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%
																_									
11	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%
	Sub Total:	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%
12	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%
	Sub Total:	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%
	Total:	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%

\* No attendance data was found for 0 pupil days.
Total number of missing Leave Code = 0
Total number of missing Entery 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

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

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

Grd	Group	E1	E2	<b>E</b> 3	E4	<b>E</b> 5	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%
00	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%
	Sub Total:	0	0	0	0	0		0	0	0	0	96	0	96	0	0	0	41	9	1966	2016	0	2016	93.619	97.5%
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%
	Sub Total:	0	0	0	0	0		1	0	0	0	105	0	105	1	0	0	56	19	2122	2197	8	2205	101.048	96.59%
																		•						•	
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%
	Sub Total:	0	0	0	0	0		0	0	0	0	103	0	103	0	0	0	65	9	2089	2163	0	2163	99.476	96.59%
													•	•	•										
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%
	Sub Total:	0	4	0	0	0		0	0	0	0	48	4	52	0	0	1	62	11	991	1065	27	1092	47.19	93.04%
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	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%
	Sub Total:	0	0	0	0	0		2	0	0	0	46	0	46	2	0	0	35	9	895	939	27	966	42.619	95.3%
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%
	Sub Total:	0	0	0	0	0		0	0	0	0	40	0	40	0	0	0	57	2	781	840	0	840	37.19	92.98%
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%
	Sub Total:	0	0	0	0	0		0	0	0	0	48	0	48	0	0	0	49	13	946	1008	0	1008	45.048	93.85%
	Total:	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%
'												•	•	•			•	•							

\* No attendance data was found for 1 pupil days.
Total number of missing Leave Code = 0
Total number of missing Entery 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

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

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

Grd	Group	E1	E2	E3	E4	<b>E</b> 5	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%
	Sub Total:	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%
01	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%
	Sub Total:	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%
00	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%
	Sub Total:	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%
US	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%
	Sub Total:	0	1	0	0	1		0	2	0	0	50	2	52	2	0	0	14	3	1029	1046	46	1092	49	98.39%
40	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	10-Cob	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%
	Sub Total:	0	0	0	0	0	Ť	1	0	0	0	47	0	47	1	0	0	23	11	944	978	9	987	44.952	96.55%
	11 Cabr		_									0.4				0		10	6	440	AF O		460	24.040	OG 540/
11	11-Cobr 11-Taip	0	0	0	0	0	0	0	0	0	0	21	0	22	0	0	0	10 14	6 4	442 423	458 441	4 0	462 441	21.048	96.51% 95.92%
	Sub Total:	0	0	0	0	0		0	0	0	0	21 42	0	21 43	0	0	0	24	10	865	899	4	903	41.19	96.21%
	Cub rotar.	J	U	U		0		Ū	U			72		10					,,,				300	41.13	00.2178
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%
	Sub Total:	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%
												-						-							
	Total:	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%
									I						L		L			L			l		

\* No attendance data was found for 3 pupil days.
Total number of missing Leave Code = 0
Total number of missing Entery 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

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

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

Grd	Group	E1	E2	E3	<b>E4</b>	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%
00	Sub Total:	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%
	Sub Total:	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%
	O I MI I	_	_	_			I 0		0	_		22	1	24	0	0	0	L 24		606	707	7	74.4	22.667	07.020/
08	8-LMU <b>Sub Total:</b>	0	1	0	0	0	0	0	0	0	0	33	1	34	0	0	0	21 <b>21</b>	0 <b>0</b>	686 <b>686</b>	707	7	714 <b>714</b>	32.667 <b>32.667</b>	97.03% <b>97.03%</b>
	Sub Total.	U	ı	U	U	U		U	U	U	U	33		34	U	0	U	21	U	000	707	,	714	32.007	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%
US	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%
	Sub Total:	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%
	Sub Total:	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		94.32%
	Sub Total:	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		93.65%
	Sub Total:	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%
	Total:	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%
	i otai.	U	J		ľ	U		L '	U	Ľ	Ü	101	U	10/	'	U	U	' '	Τ',	37.12	3017	30	3321	770.702	33.1470

\* No attendance data was found for 6 pupil days. Total number of missing Leave Code =0 Total number of missing Entery 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

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%
	Sub Total:	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%
	Sub Total:	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%
	Sub Total:	0	0	0	0	0		0	0	0	0	23	0	23	0	0	0	22	7	454	483	0	483	21.619	94%
	Total:	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%

<sup>\*</sup> No attendance data was found for 0 pupil days. Total number of missing Leave Code = 0 Total number of missing Entery 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

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%
	Sub Total:	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%
	Sub Total:	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%
	Sub Total:	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%
	Total:	0	1	2	1	0		0	0	0	0	164	4	168	0	0	3	29	0	3470	3502	26	3528	165.238	99.09%

No attendance data was found for 3 pupil days.
 Total number of missing Leave Code = 0
 Total number of missing Entery 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

Actual: Actual attendance

Max: Max possible attendance (Pupil + Exc +

**DNE:** Days Not Enrolled **Total:** Inst.days \* NumOfStds

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

Average D	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%
	Sub Total:	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%
•	Sub Total:	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%
UZ	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%
	Sub Total:	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%
03	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%
	Sub Total:	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%
0.1	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%
	Sub Total:	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%
	Sub Total:	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%
	Total:	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%
												1								1					

\* No attendance data was found for 2 pupil days. Total number of missing Leave Code = 0 Total number of missing Entery 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

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%
	Sub Total:	0	1	0	0	0		0	0	0	1	163	1	164	1	0	0	37	1	3396	3434	10	3444	161.714	98.89%
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%
	Sub Total:	0	0	0	0	0		0	0	0	0	168	0	168	0	0	0	47	9	3472	3528	0	3528	165.333	98.42%
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%
	Sub Total:	0	0	0	0	0		0	0	0	0	162	0	162	0	0	0	71	16	3315	3402	0	3402	157.857	97.44%
																-									
	Total:	0	1	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 Entery Code = 0 Report Date: December 17, 2015

Lst:# of stds brought forward Add:# of stds enrolling
Ros:# 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