

## Application for a County-District-School (CDS) Code

Please type or print all information requested below. Attach copies of the district's governing board minutes describing the approval to form and establish this school (e.g., **budget approval, acquisition/designation of a facility, staffing, contract awarded for construction of a facility, school type, & date of opening for Charter School should include the Request for Charter School Number form**). Incomplete or insufficient information may delay processing of your application. A CDS code may be requested nine months prior to the school's opening date. If you have any questions, please contact the CDS Administrator at 916-327-4014, by fax at 916-327-0195, or by e-mail at [CDSAdmin@cde.ca.gov](mailto:CDSAdmin@cde.ca.gov).

### School Information

1. County: Contra Costa		CDE use only	
2. District: Mt. Diablo Unified		CDE use only	
3. School: Crossroads High School		CDE use only	
4. School Type: Alternative School		5. Education Code Authority: (See instructions) § 58500	
6. Open Date: August 22, 2016		7. Estimated Enrollment: 45	8. Grade Span: 7-12
9. Year Round: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	10. Magnet: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11. Virtual Status: <input type="checkbox"/> Full Virtual <input checked="" type="checkbox"/> Partial Virtual <input type="checkbox"/> Not Virtual	
12. E-Mail Address: crossroads@mdusd.org		13. Web Site: http://crossroads.mdusd.org	
14. Phone: ( 925 ) 689-6852 Ext.		15. Fax: ( 925 ) 603-1771	
16. School's Physical Address: (Required, see instructions) 2701 Willow Pass Road, Concord, CA. 94519		17. Mailing Address: (If different from street address)	
18. Charter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. Charter Number: (If Charter)	

### Principal Information

20. First Name: Samantha		21. Middle Name: Leigh		22. Last Name: Allen	
23. Title: Administrator			24. E-Mail Address: allens@mdusd.org		
25. Phone: ( 925 ) 689-6852 Ext. 3081			26. Fax: ( 925 ) 603-1771		

### District Superintendent's Certification

I hereby certify that the above information is true and correct.

Superintendent's Signature		Date:
Name	Title	