California Department of Education (CDE)
Educational Data Management Division
CDS-01 (rev 11/2017)

Return to:
CDS Administrator
California Department of Education
1430 N Street, Suite 6308
Sacramento, CA 95814

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.

School Information

1. County: San Luis Obispo	**CDE use only**	
2. District: Paso Robles Joint Unified	**3. School:** Paso Robles Community School	
4. School Type: District Community Day	**5. Education Code Authority:** (See instructions) §35160.1	
6. Open Date: 8-16-2018	**7. Estimated Enrollment:** 20	**8. Grade Span:** 7-11
9. Year Round: ☐ Yes x No	**10. Magnet:** ☐ Yes x No	**11. Virtual Status:** ☐ Exclusively Virtual ☐ Primarily Virtual x Primarily Classroom ☐Not Virtual
12. E-Mail Address: prcs@pasoschools.org	**13. Web Site:** www.pasoschools.org/prcs	
14. Phone: (805) 769-1000 Ext.	**15. Fax:** ( )	
16. School's Physical Address: (Required, see instructions) 504 28th Street, Paso Robles, CA 93446	**17. Mailing Address:** (If different from street address)	

Principal Information

18. Principal First Name: Dan	**19. Principal Last Name:** Sharon	**20. Principal Title:** Principal
21. Principal E-Mail: dsharon@pasoschools.org	**22. Principal Phone:** (805) 835-1499 Ext.	

Charter School Information

23. Charter School: ☐ Yes x No	**24. Charter Number:**	
25. CBO First Name:	**26. CBO Last Name:**	**27. CBO Title:**
28. CBO E-Mail:	**29. CBO Phone:** ( ) Ext.	

District Superintendent's Certification

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

Printed Name CHRIS WILLIAMS	**Title:** SUPERINTENDENT
Superintendent's Signature	**Date:** 8/7/18