A blue and red logo

Description automatically generated with low confidence**LOS ANGELES UNIFIED SCHOOL DISTRICT**

**CHARTER SCHOOLS DIVISION**

**Office: (213) 241-0399 Fax: (213) 241-2054**

**CHANGE OF SCHOOL NAME AND/OR CONTACT INFORMATION FORM**

CHANGE TYPE: (select all that apply)

\*SCHOOL NAME  SCHOOL STAFF  BOARD MEMBER

PHONE  FAX  MAILING ADDRESS

**NOTE: Contact your assigned CSD administrator for the following:**

1. **Changes in location/address of operation. Change in location/address outside the community requires a Community Impact Assessment and constitutes a Material Revision (i.e., LAUSD Board approval).**
2. **Expansion to one or more additional sites constitutes a Material Revision (i.e., LAUSD Board approval). If the expansion is outside of the community, a Community Impact Assessment is required.**

**\*School Name Change(s)**

You must submit the following with this request:

1. Board agenda from the charter board approving the change of the school name
2. Board Minutes discussing the name change approval
3. Signed Board Resolution approving the name change (old name and new name must be clearly indicated)
4. Board agenda approving the minutes where name change was discussed

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| **CHANGE REQUESTED BY:**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **SCHOOL NAME** | |  | | | **LOC. CODE** |  | | **CONTACT NAME** | | |  | | | | | **PHONE** | **(** **)** | | | | **EMAIL** |  | | | | | |   **I certify that the information supplied herein is true and correct.**   |  |  |  | | --- | --- | --- | |  |  |  | | **SIGNATURE** |  | **DATE** | |

**PLEASE ENTER ONLY THE INFORMATION THAT NEEDS TO BE MODIFIED.**

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| --- |
| **(PLEASE TYPE OR PRINT)** |

|  |  |
| --- | --- |
| **CHANGE EFFECTIVE DATE:** |  |

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| --- | --- |
| **UPDATED SCHOOL NAME:** |  |
| (Additional documentation will be required – see note above)\* | |

|  |  |  |  |
| --- | --- | --- | --- |
| **NEW PHONE:** | **(****)** | **NEW FAX:** | **(     )** |

|  |  |
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| **NEW MAILING ADDRESS:** |  |

(Not for change of operation address)

**SCHOOL ADMINISTRATOR**

|  |  |
| --- | --- |
| **NEW STAFF NAME:** |  |

|  |  |
| --- | --- |
| **TITLE:** |  |

|  |  |
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| **PHONE:** | **(     )** |

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| **E-MAIL:** |  |

**PRIMARY CONTACT FOR THE CALIFORNIA DEPARTMENT OF EDUCATION (CDE)**

|  |  |  |  |
| --- | --- | --- | --- |
| **NEW ADMINISTRATOR** | | **NEW CHIEF BUSINESS OFFICIAL** | |
| **Name:** |  | **Name:** |  |
| **Title:** |  | **Title:** |  |
| **Telephone:** |  | **Telephone:** |  |
| **E-Mail:** |  | **E-Mail:** |  |

**PLEASE ADD THE FOLLOWING STAFF:**

|  |  |  |
| --- | --- | --- |
| **Name (Last, First)** | **Title** | **E-mail** |
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**PLEASE REMOVE THE FOLLOWING STAFF:**

|  |  |  |
| --- | --- | --- |
| **Name (Last, First)** | **Title** | **E-mail** |
|  |  |  |
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**BOARD MEMBER CHANGES:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REMOVE**  (Full Name) | **ADD**  (Full Name) | **TITLE** | **TELEPHONE** | **E-MAIL** |
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**NOTE TO THE REQUESTER:**

**Requests will be processed within five business days; however, it takes a few additional days for all the systems to be updated. Principal’s name will not be reflected on the LAUSD find a school webpage. Requests for location changes within the community that are handled administratively will require an executed amendment. The name listed as the designee for the California Department of Education (CDE) will be listed under the CDE webpage and will receive all the communication from the CDE. Only the school leader(s) will be listed under the Charter Schools Directory. Any additional school contact names will be added to the mailing distribution list. This form must be signed and submitted as follows:**

**Please submit completed form via e-mail to**

**charterschools@lausd.net**