Application for a New School CDS Code

This application is to be used by local educational agencies (LEAs) to notify the California Department of Education (CDE) of the establishment of a California public school and to apply for a County-District-School (CDS) code for the newly established school. LEAs may apply for a CDS code twelve months prior to the school's opening date. To apply for a CDS code for a private school, please refer to the CDE Filing the Private School Affidavit web page.

Prior to completing this application, please ensure that you have all of the required information and have read the Application for a CDS Code Instructions.

Complete the Application for a CDS Code by populating all of the required fields, which are denoted with an asterisk (*). Once the form is complete, select the "Submit Application" button. Upon submission of your application, you will be routed to a confirmation page and will receive a confirmation email, which will include instructions for completing the application process.

You will not be able to save this application and complete it at a later time.

School Information

1. ***State Board of Education Charter or Regional Occupation Center/Program**
   Yes ○ **No** ◉

2. ***County**
   Alameda

3. ***District**
   San Leandro Unified

4. ***School**
   San Leandro Virtual Academy

5. ***School Type**
   K-12 Schools (Public)

6. ***Educational Program**
   Traditional

7. ***Open Date**
   08/18/2022

8. ***Estimated Enrollment**

300

9. *Low Grade

Kindergarten

10. *High Grade

Grade Twelve

11. *Virtual Status

Primarily Virtual

12. *Year Round

Yes ○ **No** ◉

13. *Magnet

Yes ○ **No** ○

14. Email

msteinecke@slusd.us

15. Website

https://www.slusd.us/blog/2021/07/20/i

16. *Phone Number

510-618-4460

17. Phone Extension

2675

18. Fax

510-614-2018

Education Code Authority

19. *Education Code

◉ **General Authority**

○ **Special Authorities (Select to expand)**

You selected:

School Addresses

Physical Address

20. *Street

2600 Teagarden Street

21. *City

San Leandro

22. *State

CA - California

23. *Zip

94577

24. Zip4

4340

Mailing Address

Copy Physical Address

25. Street

2600 Teagarden Street

26. City

San Leandro

27. State

CA - California

28. Zip

94577

29. Zip4

4340

Principal Information

30. *First Name

Matthew

31. *Last Name

Steinecke

32. *Job Title

Principal, Alternative Education

33. *Email

msteinecke@slusd.us

34. *Phone Number

510-618-4460

35. Phone Extension

2675

Charter School Information

36. *Charter School

Yes ○ **No** ◉

Applicant's Information

This information will be used to provide you with a confirmation of the receipt of your application and for CDE staff to follow up with you regarding any questions with your application or supporting documentation.

***Applicant's Name**

Kevin Collins

***Applicant's Email**

kcollins@slusd.us

☑ **By checking this box, I declare that I am acting under the direction of the district superintendent, and that the information contained herein is true and accurate.**

Note:(*) are required fields.

Cancel