



Early Childhood | Orthopedic Impairment | Traumatic Brain Injury

Madera County Superintendent of Schools Added Authorization Programs

REGISTRATION FORM

Please select program for which you are applying:

| | | | | | |
|--------------------------|---|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | EARLY CHILDHOOD SPECIAL EDUCATION (ECSEAA) - Cohort 13 | <input type="checkbox"/> | ORTHOPEdic IMPAIRMENT (OIAA) - Cohort 12 | <input type="checkbox"/> | TRAUMATIC BRAIN INJURY (TBIAA) - Cohort 4 |
|--------------------------|---|--------------------------|---|--------------------------|--|

CONTACT INFORMATION:

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cell/Home Phone: _____ Work Phone: _____

Home Email: _____ Preferred Email: _____

Work Email: _____ Preferred Email: _____

Name of Employment: _____

Current Position: _____

Please notify Graciela Magdaleno if your contact information changes at any time during your enrollment.

PERSONAL INFORMATION:

Gender: Female Male Nonbinary Decline to State Gender
Per SB 179, the Gender Recognition Act, individuals have the ability to select female, male, nonbinary, or decline to state their gender.

Sexual Orientation: Heterosexual Gay or Lesbian Bisexual Not Sure Other Decline to State Sexual Orientation
Per AB677, the Commission is required to collect sexual orientation data when demographic data is collected. Candidates may decline to state their sexual orientation.

Race/Ethnicity: American Indian/Alaskan Native Asian (Chinese, Japanese, Korean, Vietnamese, Asian Indian, Laotian, Cambodian, Filipino, Hmong) Black/African American Hispanic/Latino (of any race) Native Hawaiian /Pacific Islander (Guamanian, Samoan, Tahitian) White Two or more races Decline to State Race/Ethnicity

TUITION PAYMENT OPTION:

Please select tuition payment plan:

School District/County Office agrees to pay for total tuition.

Contact Name: _____

Phone Number: _____

Email: _____

I agree to pay: \$500 Deposit Payment in Full Payment Plan

SUBMIT COMPLETED FORMS TO:

Please submit completed registration form and copy of Education Specialist credential using one of the following methods:

Mail: Madera County Superintendent of Schools
Attn: Graciela Magdaleno
1105 South Madera Avenue Madera, CA 93637

Email: gmagdaleno@mcsos.org
Fax: 559-674-7468 Attn: Graciela Magdaleno
For Additional Information Call: 559-662-4667

For tuition credit card payments, please contact Accounts Receivable Department at 559-662-3805 or send payment(s) to Madera County Superintendent of Schools address (see mail address above).

Cecilia A. Massetti, Ed.D, Madera County Superintendent of Schools

