



Early Childhood Special Education

Madera County Superintendent of Schools

APPLICATION FORM ADMISSION

INFORMATION

Name:

Address: City: State: Zip Code:

Primary Phone: Secondary Phone:

Gender: Female Male Nonbinary Decline to State Gender

\*Sexual Orientation: Heterosexual Gay or Lesbian Bisexual Not Sure Other Decline to State
\* Per AB 677, the Commission is required to collect sexual orientation data when demographic data is collected.

Race/Ethnicity: American Indian or Alaskan Native Asian Black or African American Hispanic or Latino
Native Hawaiian or Pacific Islander White Two or more races Decline to State

Local Education Agency:

Work Email: Personal Email:

Current Position: Work Site:

TUITION PAYMENT PLAN SELECTION

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

I agree to pay:

Contact Name:
Phone Number:
Email:

\$500 Deposit (Required Upon Registration)
Option A: Monthly Payments
Option B: Payment in Full

For tuition credit payments, please contact the Accounts Receivable Department at 559-662-3805.

REGISTRATION SUBMISSION PROCESS

Please submit 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

Tricia Protzman, Superintendent

