

(CDE use only)  
Application #

**No Child Left Behind Act of 2001**  
**SINGLE SCHOOL DISTRICT PLAN**

**To meet the requirements of the  
Local Educational Agency Plan and Single Plan for Student Achievement**

mail original\* and two copies to: **California Department of Education  
School and District Accountability Division  
1430 N Street, Suite 6208  
Sacramento, California 95814-5901**

(\*subsequent amendments are approved by local board and kept on file; do not submit to CDE)

**SSD Plan Information:**

Name of Local Educational Agency (LEA): **Synergy Quantum Academy**

County/District Code: **19-64733**

Dates of Plan Duration (should be five-year plan): **July 1, 2011 – June 30, 2016**

Date of Local Governing Board Approval: **Revised Plan: Board Approved 11/14/15**

District Superintendent: **Margaret Palisoc**

Address: **P.O. Box 78999**

City: **Los Angeles** Zip code: **90016**

Phone: **323-235-7960** Fax: **323-235-7970**

**Signatures** (Signatures must be original. Please use blue ink.)

The superintendent and governing board of the LEA submitting the application sign on behalf of all participants included in the preparation of the plan.

**Margaret Palisoc**      **11-14-15**      **Chagt Palisoc**  
Printed or typed name of Superintendent      Date      Signature of Superintendent

**BRIAN L HOLMAN**      **11/14/15**      **Brian L. Holman**  
Printed or typed name of Board President      Date      Signature of Board President

**Other**

58. The SSD assures that a minimum of 95 percent of all students and a minimum number of students in each subgroup (at both the school and district levels) will participate in the state's assessments program.

Margaret Palisoc  
\_\_\_\_\_  
Print Name of Superintendent

*Margaret Palisoc*  
\_\_\_\_\_  
Signature of Superintendent

11-14-15  
\_\_\_\_\_  
Date