

CHARTER SCHOOL INTERIM REPORT
1st Interim as of October 31
2nd Interim as of January 31

CHARTER SCHOOL CERTIFICATION

Charter School Name: Granite Mountain Charter
CDS #: 36 75051 0139188
Charter Approving Entity: Lucerne Valley Unified
County: San Bernardino
Charter #: 2033

Revised 11/12/2020

To the authorizing/oversight district:

2020-21 CHARTER SCHOOL INTERIM REPORT -- ALTERNATIVE FORM: This report has been approved, and is hereby filed by the charter school pursuant to Education Code Section 47604.33.

Signed: Brook MacMillan
Charter School Official
(Original signature required)

Date: 12-1-2020

Printed
Name: Brook MacMillan

Title: Executive Director/CEO

CERTIFICATION OF FINANCIAL CONDITION:

(☐) POSITIVE

As the Charter School Official, I certify that this Charter will be able to meet its financial obligations for the current fiscal year and two subsequent fiscal years.

(☐) QUALIFIED

As the Charter School Official, I certify that this Charter may not meet its financial obligations for the current fiscal year or two subsequent fiscal years.

(☐) NEGATIVE

As the Charter School Official, I certify that based upon current projections this charter will be unable to meet its financial obligations for remainder of the fiscal year or for the subsequent fiscal year.

To the County Superintendent of Schools:

2020-21 CHARTER SCHOOL INTERIM REPORT -- ALTERNATIVE FORM: This report has been reviewed pursuant to Education Code 47604.32(a) is hereby filed with the County Superintendent pursuant to Education Code Section 47604.33.

Signed: _____
Authorized Representative of
Charter Approving Entity
(Original signature required)

Date: _____

Printed
Name: _____

Title: _____

(☐) POSITIVE

I have reviewed the report and concur with the Positive Statement

or

(☐) NOT POSITIVE

Attached is copy of Letter to Charter Indicating Findings

2020-21 CHARTER SCHOOL INTERIM REPORT -- ALTERNATIVE FORM: This report has been received by the County Superintendent of Schools pursuant to Education Code Section 47604.33(1).

Signed: _____
County Superintendent/Designee
(Original signature required)

Date: _____

For additional information on the budget report, please contact:

For Approving Entity:

Douglas Beaton
Name

Chief Business Official
Title

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For Charter School:

Aaron Guibord
Name

CSMC - SBM
Title

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