

**OFFICE USE**

Center High School \_\_\_\_\_  
Monaca Jr./Sr. High School \_\_\_\_\_  
Center Middle School \_\_\_\_\_  
Monaca Elementary (Grade 6) \_\_\_\_\_  
Todd Lane Elementary School \_\_\_\_\_  
Center Grange Primary School \_\_\_\_\_

Date of Entry: \_\_\_\_\_  
School Day #: \_\_\_\_\_  
Entering Grade: \_\_\_\_\_  
Homeroom #: \_\_\_\_\_  
Bus Stop Code: \_\_\_\_\_  
Student Number: \_\_\_\_\_

**CENTRAL VALLEY SCHOOL DISTRICT  
REGISTRATION/RE-REGISTRATION FORM**

Student Name: \_\_\_\_\_ Sex: F ( ) M ( )  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Apt./House #) (Street) (City/State) (Zip Code)

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Family Cell Phone: \_\_\_\_\_

Birth Place: \_\_\_\_\_  
(City/State)

Birth Date: \_\_\_\_\_  
(Month/Day/Year)

Do you have access to the internet either at home or work to check your child's progress electronically? \_\_\_\_ Yes \_\_\_\_ No

**PREVIOUS SCHOOL:**

\_\_\_\_\_  
(Full Name of School) (Address) (City/State) (Zip Code)

When did the student withdraw from the previous school? Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
Has the student ever attended CVSD or CASD/MSD? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, date of withdraw? Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

With whom does the student reside? Mother ( ) Father ( ) Stepmother ( ) Stepfather ( ) Guardian ( )  
Other ( ) Please specify: \_\_\_\_\_

(If special or additional living arrangements occur throughout the year, please inform the building principal in writing.) All school mailings will be mailed to the following address or addresses:

(Name of Parent/Guardian)	(Relationship)	(Phone Number)
Address #1	City/State	Zip Code
(Name of Parent/Guardian)	(Relationship)	(Phone Number)
Address #2	City/State	Zip Code

Foster Child: No: \_\_\_\_\_ Yes: \_\_\_\_\_ Name of Placing Agent: \_\_\_\_\_

**PARENT INFORMATION:**

Father's Full Name: \_\_\_\_\_ Mother's Full Name: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
Day/Work Phone Number: \_\_\_\_\_ Day/Work Phone Number: \_\_\_\_\_

**For testing and scholarship purposes only, please choose:**

**Ethnicity:** American Indian ( ) Asian/Pacific Islander ( ) Black ( ) Hispanic ( ) White ( )  
Multi-racial ( ) Other ( ) Please specify: \_\_\_\_\_

Health Concerns or Special Accommodations: \_\_\_\_\_

**Special Services your child was receiving in his/her previous school:**

IST Process: \_\_\_\_\_ 504 Service Agreement: \_\_\_\_\_ Special Education: \_\_\_\_\_ Occupational Therapy: \_\_\_\_\_  
Gifted Support: \_\_\_\_\_ Title I Reading: \_\_\_\_\_ Physical Therapy: \_\_\_\_\_ ESL Services: \_\_\_\_\_  
Speech/Language Support: \_\_\_\_\_

**You must have the following to enroll a student:**

Birth Certificate Copy: \_\_\_\_\_  
Proof of Residency: \_\_\_\_\_  
Immunization Record: \_\_\_\_\_  
Parent/Guardian Photo ID: \_\_\_\_\_  
Transcript of Grades: \_\_\_\_\_  
Proof of Guardianship: \_\_\_\_\_

**I attest to the fact that I am the parent or legal guardian of the above-named child and currently reside in the Central Valley School District.**

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

cc: Nurse's Office  
Student Service Office  
Original to Student File