



CENTRAL VALLEY

SCHOOL DISTRICT

Registration/Re-Registration Form

Central Valley High School _____
 Central Valley Middle School _____
 Todd Lane Elementary School _____
 Center Grange Primary School _____

Date of Entry: _____
 Entering Grade: _____
 Bus Stop Code: _____
 Student Number: _____

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? (List date) _____

Has the student ever attended Central Valley School District? Yes No

If yes, list date of prior enrollment _____

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 #1 City/State Zip Code



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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 Services Office
Original to Student File

Revised July 2012