

# DECLARATION OF PARENT EMPLOYMENT WITHIN THE BOUNDARIES OF COVINA-VALLEY UNIFIED SCHOOL DISTRICT

Year of Allen Bill Enrollment: 2024-2025

I, \_\_\_\_\_ am the person having legal custody  
of Parent/Guardian - First & Last Name (Please Print)

\_\_\_\_\_  
Full Name of Minor Child (Please Print)

a minor of school age \_\_\_\_\_, I certify that I am currently employed within  
Date of Birth

the physical boundaries of Covina-Valley Unified School District at:

\_\_\_\_\_  
Name of Employer/Company

\_\_\_\_\_  
Employer's Address Unit# City Zip Code

\_\_\_\_\_  
Supervisor's First & Last Name – Please Print

\_\_\_\_\_  
Supervisors' Phone Number

I affirm/declare under penalty of perjury that the foregoing is true and correct. I understand that I will need to provide proof of employment within C-VUSD each academic school year as long as I am living outside District boundaries, but employed within the boundaries of C-VUSD. **Attached is a copy of my payroll stub and a letter from my employer, on company letterhead, for verification.**

\_\_\_\_\_  
Home Address Unit# City Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
SCHOOL DISTRICT NAME (school district where you currently reside)

\_\_\_\_\_  
Name of School your child is currently attending

C-VUSD Schools Requested: (1<sup>st</sup> Choice) \_\_\_\_\_ (2<sup>nd</sup> Choice) \_\_\_\_\_ Grade: \_\_\_\_\_  
(SY2024-25)

**CURRENTLY ENROLLED IN SPECIAL PROGRAMS:**

- ☐ Special Education (RSP, SDC, SAI) **Please attach IEP**
- ☐ Gifted and Talented Education (GATE)
- ☐ Language/Speech Program
- ☐ Section 504 Plan - **Please attach**

- ☐ Adapted Physical Education (APE)
- ☐ English Language Learner (EL)
- ☐ Specialized Physical Health Care

\_\_\_\_\_  
Parent/Guardian - First & Last Name (Please Print)

\_\_\_\_\_  
Parent/Guardian – Signature

\_\_\_\_\_  
Date

Original: Student Services. Copy to: School, Parent, Residence District  
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