



COVINA-VALLEY

UNIFIED SCHOOL DISTRICT

2024-2025 ALLEN BILL APPLICATION

Parent/Guardian Information:

Full Name: _____ Relationship to Student(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____

Email Address: _____

Employment Information:

Name of Employer/Company: _____

Employer's Address: _____

Supervisor's Name: _____ Phone Number: _____

Student Information:

Full Name of Student: _____ Date of Birth: _____

Requested School: _____ Grade Applying for: _____

District of Residence: _____

Current School (if applicable): _____

Currently Enrolled In Special Programs:

- | | |
|---|---|
| <input type="checkbox"/> Special Education (RSP, SDC, SAI) Please attach IEP | <input type="checkbox"/> Adapted Physical Education (APE) |
| <input type="checkbox"/> Gifted and Talented Education (GATE) | <input type="checkbox"/> English Language Learner (EL) |
| <input type="checkbox"/> Language/Speech Program | <input type="checkbox"/> Specialized Physical Health Care |
| <input type="checkbox"/> Section 504 Plan - Please attach | <input type="checkbox"/> Dual Language Immersion |

Qualifications:

- Student(s) must be thirteen **(13) years or younger**
- At least one parent/guardian is physically employed within district boundaries for a minimum of **30 hours during the school week.**

Reasons for Potential Application Denial (AR 5111.1)

The Superintendent or designee may deny enrollment into the district if any of the following circumstances are present:

1. The additional cost of educating the student would exceed the amount of additional state aid received as a result of the transfer.
2. Enrollment of the student would adversely affect the district's court-ordered or voluntary desegregation plan as determined by the Governing Board.
3. Other circumstances exist that are not arbitrary. Such circumstances may include, but are not limited to, impacted programs and/or the overcrowding of school facilities at the relevant grade level.

Agreement and Signature

I/we certify that the information provided in this application is true and accurate to the best of my/our knowledge. I/we understand that submitting false information may result in denial of enrollment or withdrawal from the program. I understand that I will need to provide proof of employment within the C-VUSD boundaries each academic school year as long as I live outside district boundaries.

Attached is a copy of my payroll stub and a letter from my employer verifying my current weekly hours on company letterhead.

Parent Name (print): _____

Signature: _____

Date: _____

Submission Instructions:

Please submit this completed application to the Student Services Department for Covina-Valley Unified School District by emailing Kelsey Cerano at kcerano@c-vusd.org. If you have any questions or need assistance, please contact Student Services at 626-974-7000.

Revised May 2024