



COVINA-VALLEY UNIFIED SCHOOL DISTRICT

K-12 REGISTRATION FORM

STUDENT INFORMATION

VALID FOR _____ SCHOOL YEAR ONLY

LAST NAME	FIRST NAME	MIDDLE	AKA NAME	SEX	BIRTHDATE
Child lives with: <input type="checkbox"/> Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent Custody Alert Documentation Required					
ADDRESS	Apt. #	CITY	STATE	ZIP	
HOME PHONE	STUDENT'S CELL PH #				
BIRTH CITY/STATE/COUNTRY	LANGUAGE (OTHER THAN ENGLISH) SPOKEN IN THE HOME				
Previously in C-VUSD <input type="checkbox"/> Yes <input type="checkbox"/> No					
C-VUSD SCHOOL	FORMER SCHOOL DISTRICT	FORMER SCHOOL OF ATTENDANCE			
Health Problem:					
DATE ENTERED: USA SCHOOL / CA. SCHOOL					

OFFICE USE ONLY

___ Birth Verification
___ Permit
How address verified: _____

GC: _____
Grade: _____
Teacher: _____

Enter Date: _____
Student Number _____

Perm. I.D. # _____

SEC: _____
___ SAI
___ DHH
___ SPEECH
___ ADAPT PE
___ GATE
___ SEC. 504
___ ELL/FEP
___ EXPELLED
___ GRADE ADJUST.
___ BUS. #
___ R.C.
___ E.C.

IMMUNIZATIONS

A B
1st Gr. Physical
 Complete
Date: _____

PARENT/GUARDIAN INFORMATION

IF PARENT HOME ADDRESS/PHONE DIFFERENT FROM STUDENT, CHECK HERE AND PROVIDE ON SEPARATE SHEET OF PAPER

1			
NAME (PARENT/GUARDIAN/OTHER)	RELATIONSHIP	CELL PH. #	WORK PH. #/EXT.
OCCUPATION/TITLE	COMPANY	WORK CITY	(optional) EMAIL/PAGER #
2			
NAME (PARENT/GUARDIAN/OTHER)	RELATIONSHIP	CELL PH. #	WORK PH. #/EXT.
OCCUPATION/TITLE	COMPANY	WORK CITY	(optional) EMAIL/PAGER #
Parent Education Level (Check the education level of the most educated parent) <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> High school graduate <input type="checkbox"/> Some college <input type="checkbox"/> College graduate <input type="checkbox"/> Graduate school/post graduate training			

EMERGENCY INFORMATION

(PLEASE LIST ANY ADDITIONAL EMERGENCY CONTACT INFORMATION ON A SEPARATE SHEET OF PAPER.)

OTHER PERSONS WILLING TO ASSUME RESPONSIBILITY AND PROVIDE EMERGENCY CARE FOR THE STUDENT: **PLEASE INCLUDE YOUR CHILD CARE PROVIDER.**

NAME	ADDRESS	CITY	PHONE NUMBER	Relationship
NAME	ADDRESS	CITY	PHONE NUMBER	Relationship
NAME	ADDRESS	CITY	PHONE NUMBER	Relationship
NAME	ADDRESS	CITY	PHONE NUMBER	Relationship
NAME	ADDRESS	CITY	PHONE NUMBER	Relationship

SIBLINGS

(Brothers and sisters school age or younger. Use an additional sheet of paper if needed.)

Name	Sex	Grade	Birthdate	School	Name	Sex	Grade	Birthdate	School
Name	Sex	Grade	Birthdate	School	Name	Sex	Grade	Birthdate	School

OFFICIAL NOTICE: Copies of Education Code sections and other notices, which are required to be presented to parents or guardians, accompany this form. A signature below and submission of this form registers the student and verifies residence for this current school year only and indicates that required notices have been received.
In case of an emergency, I authorize school personnel to consent to necessary medical care for my child under the provisions of the Medical Practice Act.
I hereby verify that all of the information on this form is true and correct to the best of my knowledge and can be shared with appropriate staff in order to provide a safe educational environment to my child.

PARENT/GUARDIAN SIGNATURE(S) _____

Date _____