

COVINA-VALLEY UNIFIED SCHOOL DISTRICT

Student Information Enrollment Form

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student I.D. # \_\_\_\_\_ Grade Level: \_\_\_\_\_

Last Covina-Valley School attended: \_\_\_\_\_

Last school attended: \_\_\_\_\_ Last District: \_\_\_\_\_ State: \_\_\_\_\_

To assist with proper enrollment of your student, your assistance in responding to the following questions is requested:

I affirm that my student:

**Is currently enrolled in or was previously enrolled in a special program.**

Special Education/IEP (check all that apply)

Speech/Language

Resource Specialized Program (RSP)

Special Day Classes (SDC)

Specialized Academic Instruction

Deaf/Hard of Hearing (D/HH)

Other: \_\_\_\_\_

504

Gifted and Talented Education (GATE)

English Language Learners (ELL)

Specialized Health Care

Other (please specify) \_\_\_\_\_

**Is not currently enrolled in a special program.**

Home Language Survey (check one):

Home Language Survey indicates English only.

Home Language Survey indicates language other than, or in addition to, English.

Counseling Department may need to verify English Proficiency.

I affirm that my student:

Is not under any expulsion order, or recommended for expulsion from another school district

Is currently under expulsion order, or has been recommended for expulsion from

\_\_\_\_\_ School District.

I understand that a hearing regarding this matter may be required, and if incorrect information is provided, it may be a factor in determining enrolment eligibility.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval for programming  
Principal, Assistant Principal, or Dean's Signature

\_\_\_\_\_  
Date