

Registration Form

School Year: 2018-2019

Parent/Guardian Contact Information				
First Name			Last Name	
Email			Mother <input type="checkbox"/>	Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>
Home Phone	Day Phone		Cell Phone	
Address			Apartment/Suite Number	
City	State	Zip Code	Student lives with this person <input type="checkbox"/>	
First Name			Last Name	
Email			Mother <input type="checkbox"/>	Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>
Home Phone	Day Phone		Cell Phone	
Address			Apartment/Suite Number	
City	State	Zip Code	Student lives with this person <input type="checkbox"/>	
First Name			Last Name	
Email			Mother <input type="checkbox"/>	Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>
Home Phone	Day Phone		Cell Phone	
Address			Apartment/Suite Number	
City	State	Zip Code	Student lives with this person <input type="checkbox"/>	
First Name			Last Name	
Email			Mother <input type="checkbox"/>	Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>
Home Phone	Day Phone		Cell Phone	
Address			Apartment/Suite Number	
City	State	Zip Code	Student lives with this person <input type="checkbox"/>	

FOR OFFICE USE ONLY

Enrollment Date	Advisor
PowerSchool ID	School ID
	Staff Verification

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Student Information					
Legal Last Name		Legal First Name		Legal Middle Name	
Date of Birth (mm/dd/yyyy)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>	Home Phone Number () -	
Current Grade	Is the student Hispanic/Latino? (This information is for U.S. Census Data)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Which category best describes the student's race? (This information is for U.S. Census data)	<input type="checkbox"/> Black/African American		<input type="checkbox"/> Asian		<input type="checkbox"/> White/Caucasian
	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Native Hawaiian/Pacific Islander		
Fusion Program (On-campus and online) <input type="checkbox"/>			PASCAL Program (all online) <input type="checkbox"/>		
Does the student have an IEP or receive Special Education Services?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the student have a 504 Plan?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the student receive Title I Services?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
School History					
Most recent school attended				Date last attended school:	
Address of last attended school				Public <input type="checkbox"/>	Private <input type="checkbox"/>
City	State	Zip Code		Charter <input type="checkbox"/>	Home <input type="checkbox"/>
Family Information					
Siblings attending CVA					
Primary Home Address				Apartment/Suite Number	
City	State		Zip Code		
Mailing Address (If different from primary home address)				Apartment/Suite Number	
City	State		Zip Code		