

Registration Form

School Year: 2016-2017

Today's Date: _____ Grade in School Year 16-17: _____

Program (please check one): Fusion (on campus and online): _____ PASCAL (all online): _____

***STUDENT INFORMATION**

Last Name: _____ First Name: _____

Middle Name: _____ Date of Birth: _____

Home Telephone: _____ Gender (please circle one): M or F

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Student Ethnicity (check all that apply):

_____ Hispanic/Latino _____ Black/African American
_____ American Indian/Alaska Native _____ Native Hawaiian/Pacific Islander
_____ Asian _____ White/Caucasian

Primary Language Spoken at Home: _____

Most Recent School Attended: Date Last Attended: _____

School name: _____ City: _____ State: _____ **OR**

Home School: _____ For what grades: _____

Has student received Special Education services? Yes No Current IEP date: _____

***RELEASE INFORMATION**

In addition to parents or legal guardians, my child may be released to the following adults:

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

***OTHER INFORMATION**

Directory: Please include our family in the CVA Family Directory: Yes or No

Picture-Taking: I give my permission for my child's picture to be taken for marketing purposes that may be used to benefit the school : Yes or No

Other important information that CVA should know about my child:

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***PARENT/GUARDIAN INFORMATION**

Parent/Guardian 1: Last Name: _____ First Name: _____

Email Address: _____

Daytime Telephone: _____ Ext: _____

Evening Telephone (if different from student): _____

Address (if different from student): _____

City: _____ State: _____ Zip: _____

Relationship to Student: _____ Can Make Medical Decisions: Yes No

Student lives with this parent/guardian? Yes No

Parent/Guardian 2: Last Name: _____ First Name: _____

Email Address: _____

Daytime Telephone: _____ Ext: _____

Evening Telephone (if different from student): _____

Address (if different from student): _____

City: _____ State: _____ Zip: _____

Relationship to Student: _____ Can Make Medical Decisions: Yes No

Student lives with this parent/guardian? Yes No

Are there any custodial parent/guardian issues we should be aware of? _____

***FAMILY INFORMATION**

Other children in the household (brothers, sisters, stepsiblings, foster-siblings, other):

Last Name	First Name	Age	School

I certify that all information provided on this form is true and accurate and that I have not withheld information from Cyber Village Academy concerning the registering child.

Signature of parent/guardian

Relationship to student

Date