

## PRE-REGISTRATION INFORMATION FORM FOR ONLINE DISTRICT REGISTRATION (ODR)

Student Information

		Studen	t information	
District Student ID #: State ID # (CSIS):				
Student First Name:			Student Last Name:	
Student Address:			_1	Apt.#:
State: California	City:			Zip Code:
		Student Cell #:		Birthdate (mm/dd/yyy):
Student Personal Email Address (NOT school email):				<u> </u>
Parent/Guardian Contact Information				
Parent/Guardian First Name:			Parent/Guardian Last Name:	
Relationship to Student:				
Cell Phone Number:			Work Phone Number:	
Personal Email Address:				
School and Special Need Information  Home School District:				
Home School:				
Current Grade Level:			Ethnicity:	
504 Plan**: Yes□ No□			IEP**: Yes □	No □
Note: **Please send the accommodation plan to the instructor.  CTE Pre-Registration				
Class Location:				
Course Title:				
Course ID (see Regional Course Schedule):				
CVE Students Only-Name of Current Employer:				
Pathway Priority (circle one)	: 1 2	3	4	

Rev. January 2020

