

Student Information

District Student ID #:		State ID # (CSIS):	
Student First Name:		Student Last Name:	
Student Address:			Apt. #:
State: California	City:		Zip Code:
Home Phone #:	Student Cell #:	Birthdate (mm/dd/yyyy):	
Check one Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Neutral			
Student Personal Email Address (NOT school email):			

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 <input type="checkbox"/> No <input type="checkbox"/>	IEP**: Yes <input type="checkbox"/> No <input type="checkbox"/>

Note: **Please send the accommodation plan to the instructor.

CTE Pre-Registration

Class Location:
Course Title:
Course ID (see Regional Course Schedule):
Pathway Priority (check one): <div style="display: flex; justify-content: space-around; width: 100%;"> 1 2 3 4 </div>

Office Use Only	
Initials	Date

