PACIFIC VIEW CHARTER SCHOOL (PVCS) INDIVIDUAL REGISTRATION INFORMATION (ALL LEVELS)

Office use only	SIS #	TEACHER/COUNSELOR	FIRST CA ENROLLMENT		SECONARY ENROLLMENT __YES __NO	
			FIRST US ENROLLMENT	ENTRY DATE		

Student information

STUDENT'S LEGAL Last Name (State Required) _____ **Other Last Name** _____ **First Name** _____ **MI** _____

HOME PHONE _____ **Address** _____ **Apt. #** _____ **City** _____ **Zip** _____

GRADE _____ **Male** _____ **Female** _____ **Birth Date** _____ **Birth City** _____ **Birth State** _____

ETHNICITY (Check One)

____ **Am. Indian/Alaskan – 10** ____ **Asian – 20** ____ **Chinese – 21** ____ **Japanese – 22** ____ **Korean – 23** ____ **Vietnamese – 24**
____ **Asian Indian – 25** ____ **Laotian – 26** ____ **Cambodian – 27** ____ **Other Asian – 29** ____ **Filipino – 30** ____ **Black-Not of Hispanic Origin – 40**
____ **White-Not of Hispanic Origin - 50** ____ **Hispanic – 60** ____ **Pacific Islander – 70** ____ **Hawaiian – 71** ____ **Guamanian – 72** ____ **Samoan – 73**
____ **Tahitian – 74** ____ **Other Pacific Islander – 79** ____ **No Response – 80**

__ **Yes** __ **No** **Student's residence is on FEDERAL PROPERTY.**
__ **Yes** __ **No** **Student is enrolled in an English Language Learners Program (ELL).**
__ **Yes** __ **No** **Student has had a Student Study Team Meeting (SST).**
__ **Yes** __ **No** **Student has a 504 Plan. (Submit CURRENT copy of 504 Plan.)**
__ **Yes** __ **No** **Student is enrolled in a Special Education Program. (Submit CURRENT copy of IEP)**

Check Placement: ____ **All Day (Special Day Class-SDC)**
____ **Partial Day (Resource Specialist Program-RSP)**
____ **Speech** ____ **Adaptive PE** ____ **Visually Impaired**

__ **Yes** __ **No** **Student is CURRENTLY expelled.**
Last District _____ **School** _____
__ **Yes** __ **No** **Student was PREVIOUSLY expelled.**
District _____ **School** _____
__ **Yes** __ **No** **Student is employed. (High School / Middle School Students Only)**
Name of employer _____
__ **Yes** __ **No** **Student is on probation (High School / Middle School Students Only)**
Name of probation officer _____

PERSON WITH WHOM STUDENT LIVES - ADULT FEMALE

Email _____

Name _____ **Occupation** _____ **Work Phone** _____

Employed By _____ **Address of Employer** _____ **Cellular Phone** _____

If employed on Federal Property,
Name of Property _____ **Bldg. #** _____ **Active Branch/Service** _____ **Rank** _____ **Duty Station** _____

RELATIONSHIP TO STUDENT: (Check One) ___ Natural Parent ___ Relative / Caregiver (Affidavit Form #9-366 Eng. #9-368 Sp.) ___Step Parent
___ Legal Guardian (Verified by Letters of Guardianship of the Person-Juvenile Form) ___ Homeless (Declaration/Residency/Homeless Form #9-338)
___ Foster Parent/ Licensed Group Home: Name/Social Worker _____ License # _____ Telephone_____

ADULT FEMALE EDUCATION LEVEL: (Check One) ___ Less than High School –1 ___ High School –2 ___ Some College –3 ___ College Graduate –4 ___ Graduate/Post Graduate –5 ___ No Response –6

PERSON WITH WHOM STUDENT LIVES - ADULT MALE

Email _____

Name _____ **Occupation** _____ **Work Phone** _____

Employed By _____ **Address of Employer** _____ **Cellular Phone** _____

If employed on Federal Property,
Name of Property _____ Bldg. # _____ **Active Branch/Service** _____ **Rank** _____ **Duty Station** _____

RELATIONSHIP TO STUDENT: (Check One) ___ Natural Parent ___ Relative / Caregiver (Affidavit Form #9-366 Eng. #9-368 Sp.) ___Step Parent
___ Legal Guardian (Verified by Letters of Guardianship of the Person-Juvenile Form) ___ Homeless (Declaration/Residency/Homeless Form #9-338)
___ Foster Parent/ Licensed Group Home: Name/Social Worker _____ License # _____ Telephone_____

ADULT MALE EDUCATION LEVEL: (Check One) ___ Less than High School –1 ___ High School –2 ___ Some College –3 ___ College Graduate –4 ___ Graduate/Post Graduate –5 ___ No Response –6

Permission is granted to provide PTA or other parent groups with parent name, address, and phone number. ___ **Yes** ___ **No**

COMPLETE INFORMATION ON REVERSE SIDE ▶ ▶ ▶

NAME OF LAST SCHOOL ATTENDED

SCHOOL NAME	CITY	STATE	ADDRESS	TELEPHONE

Are there persons (either parent or other) who legally MAY NOT have contact with the student? (LEGAL DOCUMENTATION must provided for order to be enforced) ____ Yes _____No

List Names _____

OTHER PARENT (Not in the home)

NAME	RELATIONSHIP	ADDRESS /APT #/ CITY / STATE / ZIP	TELEPHONE	CELL PHONE

ADULTS (must be 18 years of age with ID) to whom student may be released in case of illness, emergency, etc.

NAME	RELATIONSHIP TO STUDENT	TELEPHONE	CELL PHONE

STATE REQUIRED RESIDENCY VERIFICATION

CHECK BELOW:

___ IF student is RETURNING to PVCS and **has not had** a change of address since the previous year. (School may require returning student to verify residency.)

TWO (2) PROOFS OF RESIDENCY ARE REQUIRED AT THE TIME OF REGISTRATION FOR THE FOLLOWING:

- IF student is enrolling in PVCS for the first time, OR
- IF student has moved while enrolled in PVCS

OFFICE USE ONLY

ACCEPTED PROOFS OF RESIDENCY

___ **Deed to home or Lease Agreement**
___ Current bill from local utility company
___ Receipt for deposit from utility company
___ Military orders for Camp Pendleton Housing (Base Housing Office Written Verification, if applicable)
___ Declaration of Temporary Residency/Affidavits for Homeless Families
___ Property Tax Receipt
___ Current bill from Cable TV company
___ Other _____

SIGNATURE OF VERIFYING SCHOOL OFFICIAL

_____ **DATE** _____

"I certify and declare under penalty of perjury that all the foregoing information, including the State Required Residency Verification, is true and correct.
I will advise the school promptly of any changes."

Date	Signature	Relationship to Student
_____	_____	_____

COMPLETE INFORMATION ON REVERSE SIDE ▶ ▶ ▶