

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

		Student I		
District Student ID #:			State ID # (CSIS):	
Student First Name:			Student Last Name:	
Student Address:				Apt. #:
State:	City:			Zip Code:
California		Chindant Call #i		
Home Phone #: Student Ce		Student Cell #:		Birthdate (mm/dd/yyy):
Student Personal Email A	ddress (NOT school e	mail):		
	Pa	arent/Guardian (Contact Informati	ion
Parent/Guardian First Name:			Parent/Guardian Last Name:	
Relationship to Student:				
Cell Phone Number:			Work Phone Number:	
Cell Phone Number.			Work I Holle Nullibel.	
Personal Email Address:			•	
0.1.15:	Sc	hool and Speci	al Need Informat	ion
Home School District:				
Home School:				
Current Grade Level: E			thnicity:	
V = V =				
504 Plan**: Yes	□ No□	l II	ep**: Yes □	No □
		adation plan to th	e instructor.	
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ote: **Please ser	ia the accommo	odation plan to th		
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lote: **Please ser	id the accommo		Registration	
Class Location:	id the accommo			
	a the accommo			

Rev. July 2018

Pathway Priority (circle one):



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