

### Student Information

District Student ID #:		State ID # (CSIS):	
Student First Name:		Student Last Name:	
Student Address:			Apt. #:
State: <b>California</b>	City:		Zip Code:
Home Phone #:	Student Cell #:	Birthdate (mm/dd/yyyy):	
Student Personal Email Address ( <b>NOT</b> 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 (circle one): 1      2      3      4