

**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): <div style="display: flex; justify-content: space-around; width: 100%;"> <span>1</span> <span>2</span> <span>3</span> <span>4</span> </div>

