



Antelope Valley Learning Academy

Student's Legal First Name:			Middle Name:			Student's Legal Last Name:				
Gender: Male Female		Birthdate:		Birth City & State		Grade:				
Physical Address:				Mailing Address						
City:		County:		Zip:		City:		County:		Zip:
Home Phone: ()				Cell Phone: ()			School District of Residence:			
Previous School:				Reason For Transfer:			Referred By:			

Registration / Enrollment Form

Are there any court orders restricting the legal rights of either parent? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU ANSWERED YES, PLEASE PROVIDE THE OFFICE WITH A COPY OF THE COURT ORDER											
Student Lives With (Check all that apply)											
<input type="checkbox"/> Both Parents		<input type="checkbox"/> Mother		<input type="checkbox"/> Father		<input type="checkbox"/> Both Parents Alternately					
<input type="checkbox"/> Father/Stepparent		<input type="checkbox"/> Mother/Stepparent		<input type="checkbox"/> Guardian		<input type="checkbox"/> Relative		<input type="checkbox"/> Other:			
Mother/Legal Guardian : (FIRST AND LAST)						Father/Legal Guardian: (FIRST AND LAST)					
Lives with Student? <input type="checkbox"/> YES <input type="checkbox"/> NO						Lives with Student? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Send Student Mailings? <input type="checkbox"/> YES <input type="checkbox"/> NO						Send Student Mailings? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Street Address:						Street Address:					
City			State:		Zip:	City			State:		Zip:
Home Phone:			Cell Phone:			Home Phone:			Cell Phone:		
Employer:		Work Phone:		EXT:		Employer:		Work Phone:		EXT:	
Email Address:						Email Address:					
Highest Level of Education						Highest Level of Education					
<input type="checkbox"/> Not a H.S. Graduate		<input type="checkbox"/> H.S. Graduate		<input type="checkbox"/> Not a H.S. Graduate		<input type="checkbox"/> H.S. Graduate		<input type="checkbox"/> Not a H.S. Graduate		<input type="checkbox"/> H.S. Graduate	
<input type="checkbox"/> Some College		<input type="checkbox"/> College Graduate		<input type="checkbox"/> Some College		<input type="checkbox"/> College Graduate		<input type="checkbox"/> Some College		<input type="checkbox"/> College Graduate	
<input type="checkbox"/> Graduate School		<input type="checkbox"/> Decline to State		<input type="checkbox"/> Graduate School		<input type="checkbox"/> Decline to State		<input type="checkbox"/> Graduate School		<input type="checkbox"/> Decline to State	
Emergency Contacts (will be allowed to pick student up from school)											
Name:				Relation:		Name:				Relation:	
Home			Cell:			Home:			Cell:		

any other K-12 or private school.

Parent/ Legal Guardian Signature

Print Relationship to student

Date
