CONEJO VALLEY ADULT EDUCATION
1025 Old Farm Road – Thousand Oaks, California 91360-4941
(805) 497-2761 FAX (805) 374-1167
www.conejo.tec.ca.us

CONCURRENT HIGH SCHOOL STUDENT REGISTRATION FORM

DATE:	**Please circle one:**	**Office Use only**
STUDENT SECTION	Fall Spring Summer	**STUDENT#** _____

Date of Birth: _____/_____/_____ Age:_____

LAST NAME _____

FIRST NAME _____ Middle Initial _____ Male Female

Current Address: _____ _____ _____
Street City Zip Code

Home Number: (_____)_____ Cell Number (_____)_____

COUNSELOR SECTION

Is the student currently enrolled in high school? NO_____ YES _____ Which one? _____

Student ID # _____ GRADE: (Please circle one) 10 11 12
(9th grade is not eligible)

Please Initial All of the Following:

_____ The home school listed above has determined that high school graduation credit is granted as a result of taking this course. **(Note: All courses at CVAE are at the Standard Level Track)**

_____ Student placement is voluntary and will enhance the student's progress toward a high school diploma.

_____ A **counseling session** between a certificated representative of the high school and the pupil's parent/guardian has been conducted (EC-52500, 52500.1)

Counseling Session Date _____

COURSE REQUESTED – COMPLETE THIS SECTION BY REFERRING TO THE CURRENT CVAE BROCHURE

_____ _____ _____
Section # Course PRINT COUNSELOR

These three signatures are required _____ _____ _____
STUDENT PARENT SIGNATURE COUNSELOR

ADULT EDUCATION

Course _____Day _____ Time _____ Site/Room# _____ Teacher _____

This form has been checked for completeness: _____ _____
CVAE STAFF MEMBER REGISTERING STUDENT Date

1. White – original/office copy
2. Canary – records copy
3. Pink – teacher copy
4. Goldenrod – student copy