

Provisional Accelerated Learning PAL Charter Academy



FOR OFFICE USE ONLY	
SEMESTER _____	SESSION _____
ACCEPTANCE DATE _____	ACCEPTED BY _____
ENTRY DATE _____	TRANSCRIPTS _____
STUDENT ID No. _____	GRADE _____
CURRENT IEP _____	IMMUNIZATION VERIFIED _____

Returning Student - CAHSEE STUDENT REGISTRATION FORM (Within 2 years of graduation)

Phone #: _____

Social Security No.

Núm. de seguro social _____ - _____ - _____

Gender/Sexo: Male/Varon Female/Mujer

D.O.B. _____ - _____ - _____
Month Day Year

Birth Place _____
City/Ciudad State/Estado Country/País

When did your student graduate
from the PAL Center?

Student's Legal Name _____
Last First Middle

Other Name(s) Student Is Known By _____
Last First Middle

Residence Address _____
Number Street, Ave., Lane, etc. Apt. # City State Zip Code

Mailing Address (if Different From Above) _____
Number Street, Ave., Lane, etc. Apt. # City State Zip Code

FAMILY INFORMATION

	Name	Home Address	Home Phone	Daytime Phone	Living In The Home?	Authorized To Remove From School?
Father/Padre				Work: Cell:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mother/Madre				Work: Cell:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Step Parent Padrastro/Madrastra				Work: Cell:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Guardian Encargado				Work: Cell:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Group Home Hogar de crianza en grupo				Work: Cell:		
Foster Home Hogar adoptivo temporal				Work: Cell:		
Other Adults In Home Otros adultos en el hogar				Work: Cell:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergency Contact Contacto en caso de una emergencica				Relationship/Parentesco Work: (Please Specify) Cell:		