



Folsom Cordova Unified School District
NEW STUDENT HIGH SCHOOL
REGISTRATION FORM
2024-2025 School Year

Walnutwood High School

Check grade level of enrollment: ☐ 09 ☐ 10 ☐ 11 ☐ 12

Circle any supports your child receives: 504 Plan IEP/Special Ed Speech GATE

(Please Print)

Student's Legal Name: _____
Last First Middle

Also Known as (AKA) Name: _____ Legal Sex: ☐ Male ☐ Female ☐ Nonbinary

Home (Resident) Address: _____ City: _____ Zip Code: _____

Mailing Address (if different) _____ City: _____ Zip Code: _____

(circle one)

Parent I/Guardian Name: _____ Check one: ☐ Natural ☐ Step ☐ Guardian/Foster

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

(circle one)

Parent II/Guardian Name: _____ Check one: ☐ Natural ☐ Step ☐ Guardian/Foster

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Student lives with: _____

If parents are divorced or separated, to who has physical custody been granted? (Please attach verification)

_____ Custody papers on file ☐

School Last Attended: _____
(Name of School) (City) (Zip Code)

STATE LEGISLATION REQUIRES THAT THE FOLLOWING QUESTIONS BE ASKED AT THE TIME OF
REGISTRATION:

Has this student previously been expelled, or is currently being considered for expulsion, from this or any other school district?

☐ No ☐ Yes If Yes, in what school district: _____

☐ No ☐ Yes Has the student ever been enrolled in a juvenile court school? If yes, in what grade? _____

REQUEST FOR SCHOOL ATTENDANCE OUTSIDE RESIDENCE REQUIRES A SCHOOL CHOICE AGREEMENT.
SUBJECT TO SPACE AVAILABILITY.

Time Received _____ Date Received _____

*** COMPLETE BOTH SIDES OF THIS FORM *** COMPLETE BOTH SIDES OF THIS FORM ***

(HS Registration Revised 10.2023 SB)



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Affidavit of Residency

In accordance with Folsom Cordova Unified School District Board Policy 5117, I hereby declare that I reside with my student at the address listed on this document. *Falsifying this address will result in immediate disenrollment.*

Three pieces of verification may be required.

Your signature below verifies all of the information on this form to be true under penalty of perjury.

Print Parent/Guardian Name _____

Signature: _____ Date: _____

Verification of Residency as Defined by Ed Code:

- ☐ Utility Statement
- ☐ Government Document
- ☐ Driver's License
- ☐ Non-Government Issued Photo ID
- ☐ Voter Registration
- ☐ Property Tax
- ☐ Pay Stub
- ☐ Correspondence from a Government Agency
- ☐ Affidavit of Residency (to be signed in person at home boundary school office)

For Office Use Only:

Received Date: _____
Student ID: _____
Snap Code: _____
Immunizations: _____
Verified by: _____