

Valley View Middle School

3347 Tapo Street, Simi Valley, CA 93063
Phone (805)520-6820 + Fax (805)520-6157
Shanda Weaver



STUDENT ENROLLMENT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Birthdate: _____ Grade: ____ Home/Cell Phone: _____

Home Address: _____ City: _____ Zip: _____

Parent Name: _____

I CERTIFY THAT MY SON/DAUGHTER:

____ is NOT currently enrolled in a special program.

____ was PREVIOUSLY enrolled in _____

____ is CURRENTLY enrolled in a special program(s) as checked below:

____ Gifted and talented Education (GATE)	____ English as a Second Language
____ Adaptive Physical Education	____ Visual Impairment
____ Speech/Language Program	____ Resource Specialist Program (RSP)
____ Special Day Program	____ 504 Plan

____ Has a physical disability, please explain _____

____ Is currently on medication, please explain _____

I CERTIFY THAT MY SON/DAUGHTER:

____ is NOT under an expulsion order or recommended for expulsion from another school district.

____ IS CURRENTLY under expulsion order or has been recommended for expulsion from

_____ School District.

PARENT SIGNATURE: _____ DATE: _____

Please include the following additional documentation with a completed district enrollment form:

- **Completed District Enrollment Form:** available online at simivalleyusd.org or the school campus.
- **Original Birth Certificate:** Please note that hospital certificates are not acceptable.
- **Proof of Residency:** A current utility bill (electric, gas or water) or a lease or rental agreement.
- **Immunizations:** Up-to-date for ALL students, including Transitional and Kindergarten programs. ([Please see the *Parent's Guide to Immunizations for Entering Schools* link here for detailed information on what immunizations are required and when.](#))

If Applicable:

- Court Documents
- IEP (Special Education Services)
- 504