



# COVINA-VALLEY

UNIFIED SCHOOL DISTRICT

## 2026-2027 ALLEN BILL APPLICATION

### Parent/Guardian Information:

Full Name: \_\_\_\_\_ Relationship to Student(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

### Employment Information:

Name of Employer/Company: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Student Information:

Full Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Requested School: \_\_\_\_\_ Grade Applying for: \_\_\_\_\_

District of Residence: \_\_\_\_\_

Current School (if applicable): \_\_\_\_\_

### Currently Enrolled In Special Programs:

- ☐ Special Education (RSP, SDC, SAI) **Please attach IEP**
- ☐ Gifted and Talented Education (GATE)
- ☐ Language/Speech Program
- ☐ Section 504 Plan - **Please attach**

- ☐ Adapted Physical Education (APE)
- ☐ English Language Learner (EL)
- ☐ Specialized Physical Health Care
- ☐ Dual Language Immersion

### Qualifications:

- Student must be in 8th grade or below.
- At least one parent/guardian is physically employed within district boundaries for a minimum of **30 hours during the school week.**

### Reasons for Potential Application Denial (AR 5111.1)

The Superintendent or designee may deny enrollment into the district if any of the following circumstances are present:

1. The additional cost of educating the student would exceed the amount of additional state aid received as a result of the transfer.
2. Enrollment of the student would adversely affect the district's court-ordered or voluntary desegregation plan as determined by the Governing Board.
3. Other circumstances exist that are not arbitrary. Such circumstances may include, but are not limited to, impacted programs and/or the overcrowding of school facilities at the relevant grade level.

### **Agreement and Signature**

I/we certify that the information provided in this application is true and accurate to the best of my/our knowledge. I/we understand that submitting false information may result in denial of enrollment or withdrawal from the program. I understand that I will need to provide proof of employment within the C-VUSD boundaries each academic school year as long as I live outside district boundaries.

Attached is a copy of my payroll stub and a letter from my employer verifying my current weekly hours on company letterhead.

Parent Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Submission Instructions:**

*Please submit this completed application to the Student Services Department for Covina-Valley Unified School District by emailing Kelsey Cerano Orozco at [kcerano@c-vusd.org](mailto:kcerano@c-vusd.org). If you have any questions or need assistance, please contact Student Services at 626-974-7000.*

*Revised May 2024*

***Innovative education that inspires every student's unlimited potential.***

519 East Badillo Street, Covina, CA 91723