



Instructions: This page is to be completed by students applying for **grade 12** and want to earn a **high school diploma ONLY**.

In order to certify your previous school coursework for a high school diploma with Chino Valley Unified School District, attach the following information as it pertains to your grade 9, 10 and 11 transcripts (attachment #5):

- 1. The number of hours spent in each course each term**
 - The school of origin can provide this information, such as a bell schedule
- 2. Descriptions for each course, detailing the topics studied**
 - Possible sources include a course catalog or syllabus

School activities (journalism, drama, dance, choir, band, etc.): _____

Extracurricular activities (off-campus activities such as volunteer work, part-time job, etc.): _____

Leadership (officer in any organization – either on or off-campus): _____

Hardships/obstacles you have overcome: _____

Special interests and talents you possess: _____

Awards and honors you have received: _____

Future plans (college major and career): _____



List your standardized test scores below with highest scores to date:

SAT I: Date Taken _____ Verbal _____ Math _____ Writing _____

SAT II: Subject/Score/Date _____ Subject/Score/Date _____ Subject/Score/Date _____

ACT: Date Taken _____ Total Composite Score _____

TOEFL: Date Taken _____ Reading _____ Listening _____ Speaking _____ Writing _____ Total _____

IELTS: Date Taken _____ Reading _____ Listening _____ Speaking _____ Writing _____ Total _____

List in PRIORITY ORDER your preference in colleges/universities:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____



ALL IMMUNIZATIONS MUST BE STAMPED BY A DOCTOR OR CLINIC

IMMUNIZATIONS MUST BE TRANSLATED IN ENGLISH.

THE STUDENT MAY NOT ATTEND ANY CLASSES UNTIL ALL IMMUNIZATIONS ARE CURRENT ACCORDING TO THE GUIDE BELOW.

CALIFORNIA IMMUNIZATION REQUIREMENTS FOR

K – 12TH GRADE (including transitional kindergarten)



GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION ^{1, 2, 3}				
K-12 Admission	4 Polio⁴	5 DTaP⁵	3 Hep B⁶	2 MMR⁷	2 Varicella
(7th-12th)⁸	K-12 doses + 1 Tdap				
7th Grade Advancement^{9,10}		1 Tdap⁸			2 Varicella¹⁰

- Requirements for K-12 admission also apply to transfer pupils.
- Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
- Any vaccine administered four or fewer days prior to the minimum required age is valid.
- Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday.
- Four doses of DTaP meet the requirement if at least one dose was given on or after the 4th birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday (also meets the 7th-12th grade Tdap requirement. See fn. 8.)
- One or two doses of Td vaccine given on or after the 7th birthday count towards the K-12 requirement.
- For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
- Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1st birthday meet the requirement.
- For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
- For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
- The varicella requirement for seventh grade advancement expires after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine
 Hep B = hepatitis B vaccine
 MMR = measles, mumps, and rubella vaccine
 Varicella = chickenpox vaccine

**AUTHORIZATION FOR ADULT TO ACT
AS CUSTODIAL PARENT**
TEMPORARY CUSTODIAL RESPONSIBILITY



Student Achievement • Safe Schools • Positive School Climate
Humility • Civility • Service

Student Information			
Student's Name			Date of Birth
School			
Health Insurance Co.		Policy No.	
Health problems, if any			
List Allergies, if any		List medications student is currently taking	

Natural Parent/Legal Guardian Information			
Mother/Guardian Name			
Father/Guardian Name			
Address		City, State, Zip	
County			
Primary Telephone		Alternate Telephone	

Caregiver's Information (Host Family)			
Caregiver Name			
Address		City, State, Zip	
County			
Primary Telephone		Alternate Telephone	

Temporary Care Time Period			
Beginning Date		Expiration Date	

I hereby state that I am the natural parent/legal guardian of the above-stated child, and authorize the above-named caregiver, to act on my behalf for the time period specified above, in all school matters such as, but not limited to, signing absence verifications, approving field trips, acknowledging notifications, and signing other authorizations, including, but not limited to, medical decisions and/or treatment while attending school or participating in school-related activities.

Executed this _____ day _____, 20 ____, in the city/country of

Signature of Natural Parent/Legal Guardian

Attach a copy of the signatory's passport or photo ID to verify signature.

**CAREGIVER AUTHORIZATION
AFFIDAVIT GUIDELINES**

Student Information			
Student Name		Date of Birth	
School			
Natural Mother/Legal Guardian Name			
Natural Father/Legal Guardian Name			
Caregiver Name (Host Family)			

Guidelines	
	<p>1. Verify the Caregiver Authorization Affidavit (Family Code 6550) information listed in sections one through eight.</p> <p>Note: Caregiver must fill out a separate affidavit for each student enrolling into the school district.</p>
	<p>2. Review the “Warning” information and the penalty for perjury under the laws of the State of California for information that is incorrect or untrue listed on the Caregiver Authorization Affidavit.</p>
	<p>3. Caregiver Authorization Affidavit only allows the caregiver to the following:</p> <ul style="list-style-type: none"> • School enrollment • Work permit request • Emergency medical treatment • Access to student records by the caregiver
	<p>4. Caregiver must sign and date the bottom of this form acknowledging school site personnel has explained and reviewed the Caregiver Authorization Affidavit.</p>
	<p>5. Make three (3) photocopies of the Caregiver Authorization Affidavit:</p> <ol style="list-style-type: none"> a. Original copy will be placed in the student’s cumulative folder. b. Second copy is returned to the caregiver to keep for his/her records. c. Third copy, including this form, will be submitted to the Chino Valley Unified School District’s Custodian of Records in Student Support Services and placed in the District’s Caregiver Authorization Affidavit Notebook.

Caregiver’s Signature (Host Family)_____
Date

