



Clovis Unified School District – PUPIL REGISTRATION FORM

Notice of Nondiscrimination: The Clovis Unified School District does not discriminate on the basis of race, color, sex, disability, religion, age, ancestry, ethnic group, gender, sexual orientation, or the perception that a person has one or more such characteristics or access to and treatment of employment in its programs and activities as required by the appropriate laws.

(Please **PRINT** when completing **All Unshaded** areas)

<u>STUDENT INFORMATION</u>	For Office Use Only
Today's Date: _____ School: _____	SID: _____
Legal Last Name: _____	Entry Date: _____ Time: _____ AM/PM
Legal First Name: _____ Middle Name: _____	Teacher (L Name): _____
Date of Birth: _____ Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Room: _____ Counselor(L Name): _____
Grade: _____ Home Phone: _____ (<input type="checkbox"/> unlisted)	Transfer Type: _____ Transfer Reason: _____
Residence Address: _____	School of Residence: _____
City: _____ Zip: _____	Group Home: _____
Mailing Address (if different from residence): _____ City: _____ Zip: _____	Proof of Birth: _____
	Bus #: _____ Bus Stop: _____
	Registered by: _____

ETHNICITY/RACE (In this format by State and Federal requirements)

Is this student Hispanic or Latino? (select only one)

- No, not Hispanic or Latino Yes, Hispanic or Latino (E)

Please select one or more from below, regardless of what you marked above.

- | | | | | |
|--|---------------------------------------|-----------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Hmong | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> American Indian or Native Alaskan | <input type="checkbox"/> Filipino | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan | |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Tahitian | |

CHILD'S BIRTH PLACE and FIRST TIME SCHOOL ENROLLMENT	PARENT/GUARDIAN EDUCATION LEVEL	
Birth City: _____ State _____ Country _____	Please check highest level of education for Parent/Guardian (This information is used for all State testing)	
What date did this child first enter a California Public School? Month: _____ Year: _____		
What date did this child first enter a U.S. school? Month: _____ Year: _____		
		<input type="checkbox"/> Not a High School Graduate
		<input type="checkbox"/> High School Graduate or Voc. / Tech School
	<input type="checkbox"/> Some College (Include AA)	
	<input type="checkbox"/> College Graduate	
	<input type="checkbox"/> Graduate School / Post Graduate Training	

PARENT/GUARDIAN CONTACT INFORMATION WITH WHOM THE CHILD LIVES

Name: _____ Relationship: _____	Name: _____ Relationship: _____
Work Phone: _____ Cell/Pager #: _____	Work Phone: _____ Cell/Pager #: _____
E-Mail Address: _____	E-Mail Address: _____
Student E-Mail: _____	

Does this child have a parent/guardian who is serving in active-duty in US military (including full time National Guard)? Yes No

I would like to receive communication from school in: English Hmong Spanish Other: _____

CUSTODIAL PARENT CONTACT INFORMATION WITH WHOM THE CHILD DOES NOT LIVE

Other Custodial Parent's Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____ Send Mail (Yes / No)

Comments: _____

ADDITIONAL STUDENT INFORMATION

Check all of the following services your child currently receives:

- Special Education with IEP 504 Migrant Education English Learner Foreign Exchange Program

School Last Attended: _____	Sibling Names and Year Born
Address: _____ Date Left School: _____	Name: _____ Year: _____
City: _____ State: _____ Zip: _____	Name: _____ Year: _____
Phone: _____ FAX: _____	Name: _____ Year: _____
Has your child ever attended a Clovis Unified School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____ Year: _____
If Yes, What School? _____ When? _____	Name: _____ Year: _____
Has your child ever attended another California School? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, What District or School _____	
If your child has been retained, what was the grade level? _____	
Does the student have any health problems (ex. Allergy)? <input type="checkbox"/> Y or <input type="checkbox"/> N If Yes, explain: _____	_____ <i>Parent / Guardian Signature</i>