



# 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**)

STUDENT INFORMATION	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 <input type="checkbox"/> Nonbinary	Room: _____ Counselor(L Name): _____
Grade: _____ Home Phone: _____ ( <input type="checkbox"/> unlisted)	Transfer Type: _____ Transfer Reason: _____
Student's Cell Phone Number: _____	School of Residence: _____
Residence Address: _____	Group Home: _____
City: _____ Zip: _____	Proof of Birth: _____
Mailing Address (if different from residence): _____	Bus #: _____ Bus Stop: _____
_____ City: _____ Zip: _____	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	

## PARENT/GUARDIAN EDUCATION LEVEL

Please check highest level of education for Parent/Guardian (This information is used for all State testing)

☐ Not a High School Graduate  
☐ High School Graduate or Voc. / Tech School  
☐ Some College (Include AA)  
☐ College Graduate  
☐ 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)  
Email Address: \_\_\_\_\_

**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: _____ Address: _____ Date Left School: _____ City: _____ State: _____ Zip: _____ Phone: _____ FAX: _____ Has your child ever attended a Clovis Unified School? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, What School? _____ When? _____ 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? _____ <b>Does the student have any health problems (ex. Allergy)?</b> <input type="checkbox"/> Y or <input type="checkbox"/> N If Yes, explain: _____	<b>Sibling Names and Year Born</b> Name: _____ Year: _____ Name: _____ Year: _____ Name: _____ Year: _____ Name: _____ Year: _____ Name: _____ Year: _____  <div>_____ Parent / Guardian Signature</div>
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