

# CLOVIS POINT INTERMEDIATE SCHOOL REGISTRATION FORM

## STUDENT INFORMATION

*PLEASE COMPLETE ALL QUESTIONS*

NAME: LAST	FIRST	MIDDLE	GRADE	M/F	AGE
BIRTHDATE	BIRTHPLACE (City and State)		ENROLLMENT DATE		
STUDENT LIVES WITH: (CIRCLE ONE)			ETHNICITY (CIRCLE ONE)		
1. BOTH PARENTS	4. FOSTER HOME	7. FATHER/STEPMOTHER	WHITE	HISPANIC	ASIAN
2. MOTHER ONLY	5. GUARDIAN	8. STEPFATHER/STEPMOTHER	BLACK	NATIVE AMERICAN	
3. FATHER ONLY	6. MOTHER/STEPFATHER	9. OTHER _____	OTHER	_____	

DO ANY CUSTODY RESTRICTIONS APPLY TO THIS STUDENT?	YES	NO
WHAT ARE THE RESTRICTIONS? _____		
RESTRAINING ORDER?		
DOES THIS STUDENT WEAR GLASSES?		
CONTACTS?		
IS THERE A HEARING LOSS?		
HAS THE STUDENT BEEN RETAINED?		
IF SO, WHAT GRADE? _____		
IS THE STUDENT ENROLLED IN SPECIAL EDUCATION?		
IF YOU HAVE MOVED WITHIN THE LAST 3 YEARS, WAS IT FOR SEASONAL AGRICULTURAL/FISHING/FORESTRY EMPLOYMENT?		
LANGUAGE SPOKEN BY CHILD _____		
LANGUAGE MOST OFTEN SPOKEN IN THE HOME _____		

## PARENT/GUARDIAN INFORMATION

### FATHER'S (GUARDIAN) NAME

LAST	FIRST	HOME PHONE #	WORK PHONE #
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### MOTHER'S (GUARDIAN) NAME

LAST	FIRST	HOME PHONE #	WORK PHONE #
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### HOME ADDRESS

STREET	CITY	ZIP
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### MAILING ADDRESS (IF DIFFERENT)

STREET	CITY	ZIP
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### ALL OTHER CHILDREN

NAME	GRADE	BIRTHDATE	NAME	GRADE	BIRTHDATE

STUDENT INTERESTED IN - BAND Yes \_\_\_ No \_\_\_ (if so what instrument \_\_\_\_\_) or Choir Yes \_\_\_ No \_\_\_