

CLOVIS MUNICIPAL SCHOOLS
STUDENT ENROLLMENT FORM

OFFICE USE ONLY

GEN 529

Entering School:		Enrollment Date:	
Homeroom Teacher:	Homeroom#:	If student is OUT-OF-ZONE check here:	Home school:
Bus# for arrival:		Bus# for departure:	
Dismissal Information (Circle One)		Bus	Walk Picked Up

STUDENT INFORMATION

LAST SCHOOL ATTENDED:			

School	Name	Address	City State
HAS STUDENT EVER ATTENDED CMS? (Circle One) Yes No			
If "Yes", name of school:			
Last Name:		First Name:	Middle:
Date of Birth:		Grade:	Gender:
Social Security #:		City of Birth:	State of Birth:
Country of Birth:		County of Birth:	
Is the student of Hispanic or Latino ethnicity? (Circle One): Yes No		Student Primary Language (Circle One): English Spanish Other (Please List)	
RACE GROUP - PLEASE CIRCLE ONE (IF YOU WISH TO IDENTIFY WITH MORE THAN ONE RACE GROUP, PLEASE # ACCORDINGLY)			
_____ C = Caucasian/White		_____ B = Black or African American	
_____ P = Native Hawaiian or Other Pacific Islander		_____ I = American Indian/Alaskan Native	
_____ A = Asian			

PARENT/LEGAL GUARDIAN INFORMATION

PRIMARY CUSTODIAN OF STUDENT (Family One)		
Address:	City and State:	Zip Code:
Home Phone:	Mailing Address (if different):	
GUARDIAN ONE	Are you the legal guardian of this student? (Circle One) Yes No	
Last Name:	First Name:	Middle:
Relationship to Student: (Circle One) Mother Father Step-Mother Step-Father Grandparent Other:		
Employer:	Work Phone:	
Employer Address:	Cell Phone:	
Email Address:	Home Language (Circle One): English Spanish Other (Please List)	
GUARDIAN TWO	Are you the legal guardian of this student? (Circle One) Yes No	
Last Name:	First Name:	Middle:
Relationship to Student: (Circle One) Mother Father Step-Mother Step-Father Grandparent Other:		
Employer:	Work Phone:	
Employer Address:	Cell Phone:	
Email Address:		

GUARDIAN - OTHER THAN PRIMARY CUSTODIAN OF STUDENT (Family Two)		
Address:	City and State:	Zip Code:
Home Phone:	Mailing Address (if different):	
GUARDIAN ONE	Are you the legal guardian of this student? (Circle One) Yes No	
Last Name:	First Name:	Middle:

CONTINUED

Relationship to Student: (Circle One) Mother Father Step-Mother Step-Father Grandparent Other:	
Employer:	Work Phone:
Employer Address:	Cell Phone:
Email Address:	
GUARDIAN TWO	Are you the legal guardian of this student? (Circle One) Yes No
Last Name:	First Name: Middle:
Relationship to Student: (Circle One) Mother Father Step-Mother Step-Father Grandparent Other:	
Employer:	Work Phone:
Employer Address:	Cell Phone:
Email Address:	

If both parents do not have custody of the child please circle the Custodial Parent: Mother Father
 Non-custodial parent has permission to see the child: (Circle One if Applicable) Yes No

OTHER CONTACT NOT LIVING WITH STUDENT FOR EMERGENCIES WHEN PARENT IS UNAVAILABLE		
Last Name:	First Name:	Middle
Relationship to Student: (Circle One) Mother Father Step-Mother Step-Father Grandparent Other:		
Address:	City and State:	Zip Code:
Mailing Address (if different):	Home Phone:	
Employer:	Work Phone:	
Employer Address:	Cell Phone:	
Email Address:		

OTHER CONTACT NOT LIVING WITH STUDENT FOR EMERGENCIES WHEN PARENT IS UNAVAILABLE		
Last Name:	First Name:	Middle
Relationship to Student: (Circle One) Mother Father Step-Mother Step-Father Grandparent Other:		
Address:	City and State:	Zip Code:
Mailing Address (if different):	Home Phone:	
Employer:	Work Phone:	
Employer Address:	Cell Phone:	
Email Address:		

FEDERAL INFORMATION

PL874 (if applicable) Please check which of the following applies:
 Civilians employed on base Lives in base housing off-base Lives in base housing on base Military in private housing
Do you live in Federal Housing? If so, please check the appropriate box.
 Aspen St. Apartments Grand Ave. Homes Pinon St. Apartments Gatewood Village Apartments
 Clovis Apartments Mainstreet Townhouses Parkside Village Apartments Bella Vista Townhomes
 Cheyenne Trails Apartments Sedona Village Apartments

If Student is a Military Dependent, please list the following:

Name of Military Member:	Relationship:	Last 4 digits of Social Sec. No.	Squadron:	Rank:
Name of Military Member:	Relationship:	Last 4 digits of Social Sec. No.	Squadron:	Rank:

Student Language (Circle One)
 E = English Only D = Mostly English C = English & Other B = Mostly non-English A = Only non- English

Migratory Survey: If you work in agriculture (e.g. dairy, farming, ranching, Excel) and have moved into or out of this school district within the past three years so that any member of your family could work in the area, please check here: YES

THE INFORMATION ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. PARENT/GUARDIAN SIGNATURE

DATE _____