CLEARVIEW LOCAL SCHOOLS

FOR OFFICE USE ONLY

	REASON	REASON ATTENDED CLS			
STUDENT INFORMATION			GRADE:	_ IEP	_
Last Name	me First Name		START DATE: EXPELLED FROM PREVIOUS SCHOOL		
Middle Name	Gender		DISTRICT OF R	ESIDENCE:	BUS?
Birth Date			PROOF OF RES	IDENCY:	
			DATE COMPLE		
Home Phone			STUDENT ID# _		
Cell Phone (Father)		Ethnicity	v. Is this student F	lispanic/Latino	? (A nerson of
Cell Phone (Mother)		<u>Ethnicity</u> : Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)			
Email (Father)			Spanish culture or o ESNO	rigin, regardiess	s of race.)
Email (Mother)		Ar	lease check all that merican Indian or Al		
Student's place of birth		As	sian ack or African Amer	ican	
City	State	Na	ative Hawaiian or O		nder
Social Security No	Grade	W	hite		
Address	O:h.	Occupt		Otata	7:- 0 - 1-
Street	City	County	/	State	Zip Code
Name of previous school district School AddressStreet		Name of la	st school attended	State	Zip Code
School Phone Number		•	nded		·
PARENT INFORMATION					
Person(s) with whom stu Both Parents Mother/Stepdad Mor	dent is residing ther Only ther Only ardian	Mother Father	ny that apply er Deceased r Deceased ts Married	Parents Separa Parents Divoro Mother Not Ma	
FATHER (shared custody or livin	g with student)				
Last Name	First I	Name	Employer	Name & Work	Phone Number
[Home address if differ	rent from student's]				
Street	City		State		·
MOTHER					
Last Name	First I	Name	Employer	Name & Work	Phone Number
[Home address if differ	rent from student's]				
Street	City		State		
GUARDIAN					
Last Name	First	Name	Employer	Name & Work	Phone Number
Street	City		State		

LANGUAGE							
What language did your child learn when he or she first began to talk? What language does your child use at home? What language do you usually use when speaking to your child? What language is most often spoken by the adults at home?							
*(For student not born in the U.S.A.) Student birth country Date student entered US schools							
OTHER							
Has your child had previous enrollment at Clearview S Grade Attended	Schools <u>at any time</u> ? I	f YES, what school					
List Siblings Attending Clearview Schools:							
<u>Name</u>	<u>Grade</u>	Building of Attendance					
Has the student been expelled or suspended from the SPECIAL EDUCATION		No					
Special needs of student							
Does your child have a current IEP? Yes	No						
I verify that the information provided to enroll _	i	s accurate and <i>I am the custodial parent</i> .					
Signature		Date					
IF YOU ARE <u>NOT</u> THE CUSTO	DIAL PARENT, PLE	ASE READ AND SIGN BELOW.					
Custody Statement:							
I certify that I have initiated legal proceedings for days of the date indicated below.	custody of the stude	nt and will obtain custody within 60 calendar					
If custody papers are not received by the school that time retroactive to the date of enrollment. Fature to the student from school. If the student withdraws from the date of enrollment to the date of withdrawal.	ailure to pay this tuition	on will result in the immediate dismissal of the					
Signature		Date					

Non-Discrimination Policy

In accordance with federal or state law, it is the policy of the Clearview Local School District not to discriminate on the basis of race, color, national origin, ancestry, citizenship status, religion, sex, sexual orientation, economic status, age, disability or military status in admission or access to, any service, program or activity sponsored by Clearview Local Schools.