



PAPERWORK REQUIRED FOR REGISTRATION
EAST CAMPUS

559-276-0280

JuDee Stagnoli, Registrar

FAX 559-275-8061

1. COPY OF IMMUNIZATION
2. PROOF OF RESIDENCY IN DISTRICT (IN PARENT NAME)
3. BIRTH CERTIFICATE
4. WITHDRAWAL SLIP
5. UNOFFICIAL COPY OF HIGH SCHOOL TRANSCRIPT
6. ATTENDANCE PRINTOUT
7. DISCIPLINE PRINTOUT

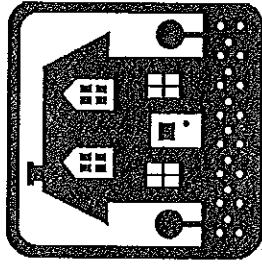
***STUDENTS COMING IN FROM ALTERNATIVE EDUCATION PROGRAMS MUST CONTACT STUDENT SERVICES OFFICE FOR PROPER PLACEMENT AND PAPERWORK AT 559-274-4700 Ext 63122.

THESE PROGRAMS INCLUDE:

1. INDEPENDENT STUDY
2. CHARTER/ONLINE SCHOOLS
3. CONTINUATION
4. COMMUNITY DAY

***PLEASE NOTE: PARENTS MUST OBTAIN ALL REQUIRED DOCUMENTATION PRIOR TO REGISTERING THEIR STUDENT. YOU MAY HAVE DOCUMENTATION FAXED TO THE NUMBER LISTED ABOVE, HOWEVER DUE TO THE HIGH VOLUME OF REGISTRATIONS WE ARE NOT ABLE TO REQUEST DOCUMENTATION ON YOUR BEHALF.

INCOMPLETE PAPERWORK MAY DELAY YOUR REGISTRATION



Proof of Residence



- P.G.&E.: current bill, in Parent/Guardian name.
- Utility Bill: cell phone, water, cable, etc
- Current mortgage statement or copy of rent receipt.
- Pay stub

- **No proof of residence in**

- **Parent/Guardian name:**

- Must bring in person listed on the bill
- Must have a copy of a current PG&E bill
- Must have the person on the current bill's ID
- Must sign Statement of residency forms in the presence of a school official.

CENTRAL UNIFIED SCHOOL DISTRICT - STUDENT REGISTRATION

Student # _____ Date Enrolled _____ For School Year _____ Grade _____

Legal Student Name (Last)	(First)	(Middle)	M/F
Address (Street)		(City & Zip)	
Mailing Address (if applicable)			
Birthdate (00/00/0000)		Birthplace (City, State & Country)	
		Social Security #	

Head(s) of Household:

Name: (Last) (First)	Name: (Last) (First)
Relationship to Student (circle one)	Relationship to Student (circle one)
Father Mother Guardian Other	Father Mother Guardian Other
Home Telephone _____	Home Telephone _____
Work Telephone _____	Work Telephone _____
Cell Telephone _____	Cell Telephone _____
Email address:	Email address:

Residency:

Child Lives With (please specify)	Unusual Domestic Conditions (custody agreements, etc.)
Is This a Foster/Group Home?	<input type="checkbox"/> Custody Papers on file in school office

Other School Age Children In Home:

Last Name	First Name	M/F	Date of Birth	School	Grade
1.					
2.					
3.					

Mobility:

What is the date the student was <u>First Enrolled</u> in a <i>United States</i> school?	What is the date the student was <u>First Enrolled</u> in a <i>California</i> school?
Has this student ever attended a Central Unified School? Yes / No	Name of last school attended, including Preschool, IF NOT A CENTRAL UNIFIED SCHOOL:
Which One? Year	School: District:

Special Programs and Testing & Reporting:

This student has received these services (please circle) Special Ed Speech English Learner GATE	What language is spoken by the adults in the home when speaking to the students?
Has your student ever been suspended from school? Yes/No	Has your student ever been expelled or currently under expulsion from school? Yes/No If yes, when and which district:

(continued on reverse side)

STUDENT INFORMATION FOR STAR TESTING PROGRAM

ETHNICITY

Mark the ethnicity with which the student most closely identifies:

- ☐ **Hispanic/Latino** – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
- ☐ **Not Hispanic/Latino**

RACE

Mark the race with which the student most closely identifies:

- ☐ **American Indian or Alaskan Native** (100) – a person having origins in any of the original peoples of North or South America (including Central American), and who maintains tribal affiliation or community attachment.

Asian – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.

- | | |
|--|--|
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Japanese (202) |
| <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Vietnamese (204) |
| <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Laotian (206) |
| <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Hmong (208) |
| <input type="checkbox"/> Other Asian (299) | |

Pacific Islander – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

- | | |
|--|---|
| <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> Guamanian (302) |
| <input type="checkbox"/> Samoan (303) | <input type="checkbox"/> Tahitian (304) |
| <input type="checkbox"/> Other Pacific Islander (399) | |

- ☐ **Filipino** (400) – a person having origins in any of the original peoples of the Philippine Islands
- ☐ **Black or African American** (600) – a person having origins in any of the black racial groups of Africa
- ☐ **White** (700) – a person having origins in any of the original people of Europe, Middle East or North America

PARENT EDUCATION LEVEL

Check the response that describes the education level of the most educated parent.

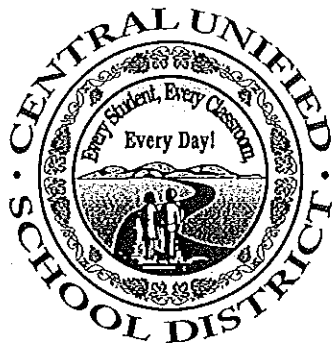
- | | |
|--|---|
| <input type="checkbox"/> Not a high school graduate (1) | <input type="checkbox"/> College graduate (4) |
| <input type="checkbox"/> High school graduate (2) | <input type="checkbox"/> Graduate school/post graduate training (5) |
| <input type="checkbox"/> Some college (includes AA degree) (3) | <input type="checkbox"/> Declined to state or unknown (6) |

I certify that I am a resident of the State of California

Signature of Parent/Guardian

Date

Rev. 02/10



CENTRAL UNIFIED SCHOOL DISTRICT

4605 North Polk Avenue • Fresno, CA 93722

Phone: (559) 274-4700 • Fax: (559) 271-8200

BOARD OF TRUSTEES

Richard A. Lant
Cynthia Barabe
Ruben Coronado
Terry Cox
Rama Dawar
Cesar Granda
Leonard C. Ramirez

SUPERINTENDENT

Mark C. Sutton

IF THERE ARE RECENT OR ONGOING MAJOR DISCIPLINARY PROBLEMS IN YOUR RECORDS OR OTHER INFORMATION WHICH LEADS ANY CENTRAL UNIFIED SCHOOL TO BELIEVE YOUR PLACEMENT IS INAPPROPRIATE, YOUR ADMISSION MAY BE DENIED AND YOU WILL BE REFERRED TO THE APPROPRIATE EDUCATIONAL PROGRAM.

**YOU MUST DECLARE IF YOU ARE UNDER EXPLUSION
OR SUSPENSION FROM ANOTHER SCHOOL DISTRICT**

ED Code 49079 Persistent Dangerous Student

Confidential Questionnaire

Student Name: _____ Date of Birth: _____

Previous School: _____ City/State: _____

Last Day Attended: _____ Phone#: _____

- | | |
|---|---|
| 1. Has your student ever been suspended? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Is your student currently on expulsion from any school district? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3. Has your student ever been expelled from any school district? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Was your student's last school a continuation school? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Is your student currently on probation with Juvenile Court for a WIC 602 violation? (threatening or assaulting another person) | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 6. Has your student ever been on probation? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 7. Has your student been in Juvenile Hall or CYA in the past three years? | <input type="checkbox"/> Y <input type="checkbox"/> N |

I declare under penalty of perjury that the foregoing information is true and complete to the best of my knowledge and belief.

Parent / Guardian Signature

Date

Administrator Approval

Date

Counselor Approval

Date

Has your student previously been enrolled in a special program? ☐ Y ☐ N
☐ 504 ☐ Speech ☐ RSP ☐ SDC ☐ GATE

District Administration

Laurel Ashlock, Ed.D, Assistant Superintendent, Chief Academic Officer • Ketti Davis, Assistant Superintendent, Professional Development

Jack Kelejian, Assistant Superintendent, Human Resources • Kelly Porterfield, Assistant Superintendent, Chief Business Officer

Paul Birrell, Director, 7-12 and Adult Education • Tami Bootright Ed.D, Director, K-8 Education • Valerie Johnson, Interim Administrator, Special Education & Support Services

Central High School

Student residence Verification

To be completed by the person with whom the student resides as a precondition to enrollment.
Please type or print.

Student's Last Name First Name Middle Name

Date of Birth (Month / Day / Year)

Person with whom student lives

Father's Name

Mother's Name

Father's Mailing Address

Mother's Mailing Address

City and State Zip Phone

City and State Zip Phone

I certify that I have custody of the above named student, and he/she resides with me seven days a week. I am the ☐ parent, ☐ legal guardian, ☐ relative, ☐ licensed foster home of this student and that my residence is located at:

Address (number & street name) City Zip Phone

IF LEGAL GUARDIANSHIP: Attach a copy of court order or other papers declaring such guardianship.

IF RELATIVE: _____ Relative may be required to present to school personnel
(Relationship to Student) proof of his/her relationship to the student.

IF LICENSED FOSTER HOME: _____
(License Number) (Name of Responsible Agent)

(Business Name) (Residence of unlicensed family friend is not sufficient to comply with the law).

I understand that the student named at the top of this page must attend the high school designated by the appropriate legal school district, which serves my residence. I will provide proof of my residence at time of registration. (i.e. copy of current PG&E bill, lease/rental agreement, mortgage documents. _____

(Initials)

Signature

Date

Date: _____ School: _____ Teacher: _____

Central Unified School District
4605 N. Polk Ave, Fresno, CA 93722

HOME LANGUAGE SURVEY

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students.

Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and have your son/daughter return this form to his/her teacher. Thank you for your help.

Name of Student: _____ Last _____ First _____ Middle _____ Grade _____ Age _____

Birth Date _____ Birth Country _____ If born outside of the U.S., age when entered the U.S. _____

1. Which language did your son or daughter learn when he or she first began to talk? _____
2. Which language does your son or daughter most frequently use at home? _____
3. What language do you use most frequently to speak to your son or daughter? _____
4. Name the language most often spoken by the adults at home. _____

Signature of Parent or Guardian _____

For School Use Only

ENGLISH LISTENING	Grade K-12	C.E.L.D.T. Listening Proficiency Level	_____
ENGLISH SPEAKING	Grade K-12	C.E.L.D.T. Speaking Proficiency Level	_____
ENGLISH READING	Grade K-12	C.E.L.D.T. Reading Proficiency Level:	_____
ENGLISH WRITING	Grade K-12	C.E.L.D.T. Writing Proficiency Level:	_____
CLASSIFICATION	Grades K-12	C.E.L.D.T. Overall Proficiency Level:	EL FEP
PRIMARY LANGUAGE	Grades K-12	Spanish IPT	Examiner: _____ Date: _____ Oral: _____ Reading: _____ Writing: _____ Other: _____ Oral: _____ Reading: _____ Writing: _____
RECLASSIFICATION	Grade: _____	Examiner: _____	Date: _____