

Charlie Keyan Armenian Community School  
108 N. Villa Ave Clovis, CA 93612  
Tel:(559) 323-1955 Fax:(559) 323-1959

**EARLY REGISTRATION**

Dear Parents,

We wish to welcome you to the 2010 – 2011 school year at the Charlie Keyan Community School. The school year begins on Monday, August 23, 2010. We will again have the highest academic expectations for our students and our faculty will work hard to achieve these goals.

**INFORMATION REGARDING REGISTRATION**

- \* You are receiving registration forms for each child along with the tuition schedule.
- \* Forms must be completed by the parents in order to be processed.
- \* Your child will only be admitted to school with a current signed and completed registration form.
- \* Immunization records must be current for registration.
- \* First Grade health check-up is necessary for children entering the first grade.
- \* **Early registration must be turned in to the office by June 7, 2010.**
- \* **In order to receive a 10% discount, tuitions must be paid in full by June 30, 2010. Discounts will not be given after June 30, 2010.**
- \* **Summer office hours are 8:00 a.m. – 12:00 noon Tuesday, Wednesday and Thursday. The office will be closed during the month of July and first 2 weeks of August; however, messages will be checked on a weekly basis.**

We are looking forward to a wonderful academic year. Your early registration will facilitate any necessary preparations that can be accomplished during the summer months. Thank you for your cooperation.

Respectfully,

Sophia Mekhitarian  
Principal

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## REGISTRATION FORM FOR 2010-2011 SCHOOL YEAR STUDENT INFORMATION

DATE OF REGISTRATION\_\_\_\_\_

STUDENT'S NAME\_\_\_\_\_

STUDENTS BIRTH DATE\_\_\_\_\_COUNTRY OF BIRTH\_\_\_\_\_

CITY OF BIRTH\_\_\_\_\_

MALE \_\_\_\_\_ FEMALE\_\_\_\_\_ GRADE LEVEL\_\_\_\_\_

PREVIOUS SCHOOL ATTENDED\_\_\_\_\_

HOME ADDRESS\_\_\_\_\_CITY\_\_\_\_\_STATE\_\_\_\_\_ZIP\_\_\_\_\_

HOME PHONE\_\_\_\_\_MESSAGE PHONE\_\_\_\_\_

FATHER'S NAME\_\_\_\_\_

FATHER'S OCCUPATION\_\_\_\_\_FATHER'S WORK #\_\_\_\_\_

FATHERS CELL#\_\_\_\_\_

MOTHER'S NAME\_\_\_\_\_

MOTHER'S OCCUPATION\_\_\_\_\_MOTHER'S WORK #\_\_\_\_\_

MOTHER'S CELL#\_\_\_\_\_

### IN CASE OF EMERGENCY

NAME OF FRIEND OR RELATIVE\_\_\_\_\_

PHONE NUMBER OF RELATIVE (1)\_\_\_\_\_ (2)\_\_\_\_\_

STUDENT'S PHYSICIAN'S NAME & ADDRESS\_\_\_\_\_

PHYSICIAN'S PHONE NUMBER\_\_\_\_\_