

Charlie Keyan Armenian Community School
Չարլի Բլեյան Համագաղութային Հայ Վարժարան

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**REGISTRATION FORM FOR 2009-2010 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 # _____

MOTHER'S NAME_____

MOTHER'S OCCUPATION_____ MOTHER'S WORK # _____

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_____