



Student Services and School Attendance
 1465 David E. Cook Way • Clovis, CA 93611-0574
 Phone: 559-327-9200 • Fax: 559-327-9222

ANNUAL EMPLOYMENT VERIFICATION

Completed applications must be returned to the Office of Student Services and School Attendance.

PLEASE PRINT:

Today's Date: _____

Requested School Year: _____

Resident School District: _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____ Email: _____

Mailing label goes here.
Please do not write in this area.

I request permission for my child(ren) listed below to attend the Clovis Unified School District due to parent/guardian/caregiver employment. Education Code section 48204(b)

STUDENT'S LAST NAME	STUDENT'S FIRST NAME	DATE OF BIRTH	REQUESTING GRADE	SPECIAL ED. STUDENT YES/NO	SCHOOL REQUESTED	RENEWAL YES/NO

PLEASE ATTACH A COPY OF CURRENT PAY STUB SHOWING EMPLOYER NAME AND ADDRESS
 (Please delete information not needed to verify employment)

EMPLOYER:	PHONE NUMBER:
ADDRESS/LOCATION:	CITY: ZIP:

I verify that the above named person is employed as noted above:

Signature of Employer: _____ Date: _____

PARENT CERTIFICATION:

- **I will immediately notify the Director of Student Services and School Attendance of the Clovis Unified School District upon any change in employment status.** The noted employer is authorized to release employment information to the Director of Student Services and School Attendance of the Clovis Unified School District and to the District of Residence as provided in this verification.
- **I understand this verification is valid for one year only and must be renewed annually by the District of Attendance and the District of Residence.** Clovis Unified will initiate the verification process and provide documentation to the District of Residence.
- **I understand that transportation is not provided** by Clovis Unified School District and is to be provided by the parent/guardian/caregiver. All students are subject to capping and busing.
- **I declare under penalty of perjury that the foregoing is true and correct.** It is understood that, if upon review by both districts, any declaration contained herein is not verifiable to the satisfaction of the Director of Student Services and School Attendance of the Clovis Unified School District and District of Residence, all entitlements and benefits accrued by such declarations are void and the residence of the parent/guardian/caregiver will be deemed the residence of the student for school purposes.

Signature of Parent/Guardian: _____ Date: _____

FOR DISTRICT USE ONLY

Student: _____

Requested School: _____

DENIED: Your transfer has been denied for reason # _____

1. There is no space available at this time.
2. Approval would contribute to an inappropriate racial/ethnic balance.
3. There is a documented safety concern.
4. Special Education services are not available or are impacted.
5. The reason for the transfer request does not meet Governing Board criteria.
6. There is no space available; a second choice school has been assigned. (See box on the right)

Date: _____

FOR DISTRICT USE ONLY

Student: _____

Requested School: _____

APPROVED: Your transfer has been approved for reason: _____

PE Parent Employment
 PW Parent Employed within CUSD Boundaries

Effective Date: _____ Expiration Date: _____

PARENT INFORMATION – ACCEPTANCE PROCESS

- This approved application and all enrollment documents must be presented to the approved school by _____ or the approval will be rescinded.
- All of the abovementioned conditions will apply once the transfer is accepted.
- Employment-Based Residency approvals do not grant athletic eligibility. Athletic eligibility for students in grades 7-12 is determined by the California Interscholastic Federation and Clovis Unified School District Board Policy. If you wish your child to participate in athletics, you must contact the CUSD Co-curricular Department at 559-327-9225 to request athletic eligibility. Appeals for athletic eligibility will not be heard until after the student is enrolled and attending the requested school.

PARENT INFORMATION – APPEAL PROCESS

If you wish to appeal this determination, you can request an appeal within 30 days of the date listed above to the Fresno County Board of Education's representative at 559-265-3001.