

Clear Administrative Services Credential Program ENROLLMENT FORM

First and Last Name	Middle	Former/Maiden Name
Home Mailing Address/ City, State, Zip	Home Phone	Cell Phone
County of Employment	District Name	School Name (if applicable)
Site Mailing Address/City, State, Zip		Site Phone
E-Mail Address		
Preliminary Administrative Service Credential Number (CTC Copy attached)	Date of Approval <mark>(Atta</mark>	ch temporary/orange form if in process)
Gender Male Female Decline to State Other Ethnicity (check all that apply) African American American Indian Asian Hispanic Pacific Islander White/Caucasian Decline to State Other What Credentials do you hold? Multiple Subject Single Subject Other – Please specify School Level Primary Secondary Other:	Preliminary Ser Universit District F Administ Other: Year Completed Cycle 1 Cycle 2 Cycle 3 If you are tra Administrative	s
I have read and agree to the conditions of the pumber provided is my actual number.	program. By signing this do	cument, I acknowledge the credential
Clear Administrative Services Credential Candidate	Signature Date	
District Representative Signature	District	Representative F-Mail Address

Fresno County Superintendent of Schools Clear Administrative Services Credential Program considers all applicants for all credential positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job related medical conditions or disabilities or any other legally protected status. The Fresno County Superintendent of Schools Clear Administrative Services Credential Program employee charged with coordinating efforts to comply with this practice and investigate complaints regarding non-compliance is the Administrator of Human Resources.