



BELLEVUE SCHOOL DISTRICT STUDENT REGISTRATION FORM

BSD ID# _____

Today's Date _____

Please Print Legibly

Student's legal first name/middle initial: Legal last name: Nickname (if any): Gender: Male Female Entering grade level: Birth Date: What language did your child first learn to speak? Parents' first language: Do you need an interpreter... Do you need official school materials... If student WAS born in the US: Birth City State If student was NOT born in the U.S., date first entered: Birth City Country How many months did your student attend school outside of the United States? Has your student attended a public school (K-12) in the United States? If yes, what date did your student first enroll in a public school (K-12) in the United States? How many months has your student attended public school (K-12) before coming to BSD? (one school year is equal to 10 months)

Part I: Is your child of Hispanic or Latino origin? yes no (if "yes" please check all that apply) 55 Cuban 65 Spaniard 30 Mexican/Mexican American/Chicano 60 Dominican 75 Central American 80 South American 70 Puerto Rican 85 Latin American 90 Other Hispanic/Latino Part II: What race(s) do you consider your child? (check all that apply) 200 African American/Black 300 White 505 Asian Indian 507 Cambodian 510 Chinese 520 Filipino 525 Hmong 530 Indonesian 535 Japanese 540 Korean 545 Laotian 550 Malaysian 555 Pakistani 560 Singaporean 565 Taiwanese 570 Thai 575 Vietnamese 599 Other Asian 605 Native Hawaiian 615 Fijian 620 Guamanian or Chamorro 625 Mariana Islander 630 Melanesian 632 Micronesian 635 Samoan 640 Tongan 699 Other Pacific Islander 405 Alaska Native 410 Chehalis 413 Colville 416 Cowlitz 418 Hoh 421 Jamestown 424 Kalispel 427 Lower Elwha 430 Lummi 433 Makah 436 Muckleshoot 439 Nisqually 442 Nooksack 445 Port Gamble Clallam 448 Puyallup 451 Quileute 454 Quinalt 457 Samish 460 Sauk-Suiattle 463 Shoalwater 466 Skokomish 469 Snoqualmie 472 Spokane 475 Squaxin Island 478 Stillaguamish 481 Suquamish 484 Swinomish 487 Tulalip 490 Yakama 495 Other Washington Indian 499 Other American Indian

School Experience Data: Has this student: previously attended the Bellevue School District? yes no If yes, school Year been enrolled in any special education program (served with an Individual Education Plan, IEP ?) yes no If yes, school Year had a 504 Plan? yes no If yes, school Year had an Individual Health Care Plan? yes no been enrolled in ESL/TBP programs? yes no ever been suspended or expelled for disciplinary reason(s)? yes no had a history of violent or criminal behavior? yes no had any history of weapons possession? yes no

OFFICE USE ONLY: Enroll date Tchr Immun. Phys Birth cert. Address School Interpreter Mig. Zone Student I.D. Grad Year

Student Name _____

Student lives with (circle) 1 – Both Parents 2 – Mother 3 – Father 4 – Father/Stepmother 5 – Mother/Stepfather
6 – Foster parent 7 – Legal guardian 8 – Grandparent
9 – Other (specify relationship) _____
A – Alternates Mom & Dad E – Emancipated Minor

Student's **Physical** Residence: Street _____
Apt. # _____ Complex _____ City _____ State _____ Zip _____
#1 phone () _____ #2 phone () _____ #3 phone () _____
Please circle: home cell work home cell work home cell work
Is this a temporary living situation? yes no If yes, please indicate below where the student is living:
 in a shelter in a car in a motel/hotel with more than one family in a house or apartment with friends or a relative
 Other (please specify): _____ **You may be eligible for support from the district.**
Does the living situation checked above result from a loss of housing or from economic hardship? yes no not sure

#1 Parent/guardian **living with** student: Last name _____ First name _____
E-Mail _____ Employer _____
Work Phone () _____ Ext. _____ Cell Phone _____ Relationship _____
#2 Parent /guardian **living with** student: Last name _____ First name _____
E-Mail _____ Employer _____
Work Phone () _____ Ext. _____ Cell Phone _____ Relationship _____
#3 Parent/guardian **NOT** living with student: Last name _____ First name _____
Street _____ Apt. # _____ City _____
State _____ Zip _____ Phone () _____ Relationship _____
Joint custody? yes no Release student to noncustodial parent? yes no
Please provide school with a copy of the current Parenting Plan

If you will receive school mail at an address other than the physical residence of your student, please provide:
Last name _____ First name _____
Street _____ Apt. # _____ City _____
State _____ Zip _____ Phone () _____ Relationship _____

Persons to contact in case of **emergency** (if parent/guardian cannot be reached) and who are authorized to pick up student at school:

Name _____ Phone (circle) home/work/ cell () _____	Name _____ Phone (circle) home/work/ cell () _____
Name _____ Phone (circle) home/work/ cell () _____	Name _____ Phone (circle) home/work/ cell () _____

Child Care Center _____ Phone: () _____

Medical Emergency Information: Physician _____ Phone () _____
Preferred Hospital (when possible): _____
Please describe any health conditions or allergies the school should be aware of, including any history of substance use or abuse:

Student Name _____

Siblings in BSD:

Last name	First name	Birth date	BSD Student ID# (office use only)	Sex (circle)	Living at Home (circle)	
_____	_____	_____	_____	M F	yes	no
_____	_____	_____	_____	M F	yes	no
_____	_____	_____	_____	M F	yes	no

NOTICE: The district will accommodate the **religious beliefs** of all students in all aspects of its program. Please share special instructions for your child with **the principal**.

Last school attended: _____ Dates: from _____ to _____ Grade level(s) _____

Street _____ City _____ State _____ Zip _____

Previously enrolled in an early learning program? yes no

If yes, check all that apply: BSD preschool other preschool playgroup childcare with family, friends, neighbors

Other schools attended (list most recent first)

School	City	State	Zip	Dates		Grade Levels
				From	To	

Release of Information about your student

Schools are permitted to disclose information on students if it has been properly designated as directory information. By law, **directory information** includes things that would generally not be considered harmful or an invasion of privacy if disclosed, such as **name, address, photograph, and date of birth**. Directory information may not include things such as a student's social security number or grades. If a school has a policy of disclosing directory information, it is required to give public notice to parents of the types of information designated as directory information, and of the right to opt out of having your child's information so designated and disclosed. Also, secondary school students' names, addresses, and telephone numbers may be released to military recruiters or institutions of higher education. Parents and adult students have the right to deny release of directory information.

Student name and photo in **school yearbook** (if the school has one) yes no

Student photo or school work in **BSD publications/news media/district/teacher/affiliate websites, e.g., BSF** yes no

Student name and other directory information in the **student directory, approved mailing lists, school newspapers, commencement programs, honor rolls, and other similar purposes.** yes no

We are required by law to release your student's directory information including address and phone number unless you tell us not to.	To military recruiters	yes	no
	To institutions of higher learning	yes	no

Student is allowed to **use Internet** at school for learning yes no

Notice: Only students who physically reside within the boundaries of the Bellevue School District and nonresident students who have obtained a release from their resident districts and have been officially accepted by the Bellevue School District may legally attend school within the Bellevue School District. Recognizing this legal requirement, I hereby verify that the student named above physically resides within the Bellevue School District boundaries or has obtained a release from his/her resident district and has been officially accepted by the Bellevue School District.

I certify the foregoing information to be true and recognize that falsification or omission of information could result in modification of the school or program placement for this student.

Parent/Guardian name (please print) _____

Parent/Guardian signature _____ Date _____