



BELLEVUE SCHOOL DISTRICT STUDENT REGISTRATION FORM

BSD ID# _____

Please Print Both Sides

Today's Date _____

Student's first name	MI	Legal last name	Nickname (if any)	Entering grade level
Student's Social Security No.*	Language other than English spoken in the home (if any)		Student's first language	U.S. Resident Circle: Y N
Gender Circle: M F				
Do you need an interpreter (e.g., for school meetings)? Y N		Do you need official school materials to be translated? Y N		
Birth Date: Mo Day Yr		Circle one (federal requirement): A - Asian or Pacific Islander I - American Indian/Alaskan Eskimo M - Multi-Ethnic B - Black or African-American W - White H - Hispanic, Chicano, or Latino		

*Disclosure of a student's social security number is voluntary. The number is sought pursuant to BSD Procedure 4250.1. It is used for District tracking purposes.

School Experience Data: (Circle and enter appropriate answer)

Has this student:

- previously attended the Bellevue School District? Yes No If yes, school _____ Year _____
- been enrolled in any special education program? Yes No If yes, what program? _____
what year(s)? _____
- 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

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 _____

Home phone () _____ Unlisted? Circle: Yes No

Is this a temporary living situation? Yes No If yes, please indicate 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): _____Does the living situation checked above result from a loss of housing or from economic hardship? Yes No Not Sure

Parent/guardian living with: Last name _____ First name _____

E-Mail _____ Employer _____

Work Phone () _____ Ext. _____ Cell Phone _____ Relationship _____

Parent /guardian living with: Last name _____ First name _____

E-Mail _____ Employer _____

Work Phone () _____ Ext. _____ Cell Phone _____ Relationship _____

Parent/Guardian Address (If different from above):

Last name _____ First name _____

Street _____ Apt. # _____ City _____

State _____ Zip _____ Phone () _____

Other parent(s)/guardian(s) **NOT** living with student Joint custody? Circle: Yes No
Last name _____ First name _____

Street _____ Apt. # _____ City _____

State _____ Zip _____ Home Phone () _____ Work Phone () _____ Ext. _____

Cell Phone _____ Pager _____

E-Mail _____ Release student to noncustodial parent? Circle: Yes No

Enroll date Tchr. Immun. Birth cert. Address School Interpreter Mig. Zone Student I.D. Grad Yr.

FOR OFFICE
USE ONLY**PLEASE COMPLETE THE INFORMATION ON THE BACK OF THIS FORM**

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/pager/cell _____ _____ () _____ Child Care Center _____ Phone: () _____	Name _____ Phone (circle) home/work/pager/cell _____ _____ () _____
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Medical Emergency Information:

Physician _____ Phone () _____

Preferred Hospital _____

Please describe any health conditions or allergies the school should be aware of, including any history of substance use or abuse:

Siblings:	Last name	First name	Birth date	BSD Student ID# (office use only)	Sex (circle)	Living at Home (circle)
_____	_____	_____	_____	_____	M F	Y N
_____	_____	_____	_____	_____	M F	Y N

If student was **NOT** born in the U.S.:

Country of Birth _____ Birth City _____ Entered U.S.: Mo _____ Day _____ Yr _____

If student **WAS** born in the U.S.:

Birth City _____ Birth State _____

Special instructions regarding religious beliefs: _____

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

Street _____ City _____ State _____ Zip _____

Other schools attended (list most recent first)	City	State	Zip	Previously enrolled in BSD Preschool/Childcare: (circle)	Yes	No	Grade Levels
School	City	State	Zip		Dates From	To	

Release of Information about Student

Schools are often asked to provide information about students that is called "directory information," which may be released without the written consent of a parent, guardian, or adult student. Directory information consists of a student's name, address, telephone number, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, grade level, photographs, diplomas and awards received, honor roll, graduate status, schools attended, and other similar information that would not generally be considered harmful or an invasion of privacy if disclosed. Directory information may be released for purposes such as PTA/PTSA student telephone directories, mailing lists for parent groups that are organized in affiliation with and support of schools (e.g., PTSA), school newspapers and yearbooks, commencement programs, honor lists, and reporting about athletic events and other school curricular and extracurricular activities. 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.

- 1) If you do **NOT** want the school to permit use of this student's name and other directory information in the school newspaper, honor lists, student directory, and for similar purposes, check **NO** .
- 2) If you do **NOT** want the school to release your secondary school student's name, address, and telephone number to military recruiters, check **NO** .
- 3) If you do **NOT** want the school to release your secondary student's name, address and telephone number to institutions of higher education, check **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 signature _____

Date _____