

Bellevue City Schools

NEW STUDENT REGISTRATION FORM

Please complete ALL sections

Entry Date: _____

| | | | | |
|---|---------------|---|----------------------|-------|
| Legal Last Name | First | Middle | Suffix | Grade |
| Address | | City | Zip | |
| Email Address: | | Phone: <input type="checkbox"/> unlisted | Cell: | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth | City of Birth | Citizenship (ex. US) | |

| | | |
|--|---|---|
| Ethnicity: Is this student Hispanic/Latino? <input type="checkbox"/> No <input type="checkbox"/> Yes, Hispanic/Latino | (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. | Primary Language <input type="checkbox"/> English <input type="checkbox"/> Other: |
|--|---|---|

Race: Regardless of what you selected above, please continue to answer the following by marking one or more of the boxes you consider your child's race to be:

- A** Asian (Origins in any of the original peoples of the Far East or the Indian subcontinent)
- B** Black or African American (Origin in any of the black racial groups of Africa)
- I** American Indian or Alaskan Native (Origin in any of the original people of North/South America, including Central America)
- P** Native Hawaiian or Pacific Islander (Origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands)
- W** White (Origins in any of the original peoples of Europe, North Africa, or the Middle East)

Father's information (do not list step-father)

| | | | |
|-------------|--------|----------------------|-------|
| Name: | | | |
| Address: | | | |
| City | State: | Zip: | Phone |
| Cell Phone: | | Email Address | |
| Work Phone: | | Place of Employment: | |

Mother's Information (do not list step-mother)

| | | | |
|-------------|--------|----------------------|-------|
| Name: | | Maiden Name: | |
| Address: | | | |
| City | State: | Zip: | Phone |
| Cell Phone: | | Email Address | |
| Work Phone: | | Place of Employment: | |

Legal Guardian (if other than parents listed above) attach legal documentation

| | | | |
|-------------|--------|----------------------|-------|
| Name: | | Maiden Name: | |
| Address: | | | |
| City | State: | Zip: | Phone |
| Cell Phone: | | Email Address | |
| Work Phone: | | Place of Employment: | |

Marital Status of Parents: Married Single Separated Divorced Remarried Widowed Never Married

Student resides with: Biological/Adoptive Parents Mother only Father only Grandparents
 Mother/Stepfather Father/Stepmother Foster Family Other:

If parents are divorced or legally separated who is custodial parent? Please circle Father Mother Joint Custody

SIBLINGS

| | | | |
|-------|-------|------|-------|
| Name: | Grade | Name | Grade |
| Name: | Grade | Name | Grade |
| Name: | Grade | Name | Grade |

Student Education Information

Has student previously attended Bellevue Schools? No Yes If, yes, grade level at withdrawal:

Elementary School Year(s) of Attendance: _____ Grade(s) _____

Middle School Year(s) of Attendance: _____ Grade(s) _____

High School Year(s) of Attendance: _____ Grade(s) _____

Former School Information

Name of School District _____

Name of Previous School attended: _____ Phone Number: _____

Address: _____ State _____ Zip _____

Additional Educational Information

Is this child currently receiving any special education programs or services: No Yes

If Yes, please check the following:

| | |
|------------------------------------|---|
| _____ Autism | _____ OHI--Other Health Impaired |
| _____ CD--Cognitive Disability | _____ SLD--Specific Learning Disability |
| _____ Deafness--Hearing Impairment | _____ Speech/Language |
| _____ ED--Emotional Disturbance | _____ TBI--Traumatic Brain Injury |
| _____ MD--Multiple Disabilities | _____ VI--Visually Impaired |
| _____ OH--Orthopedic Handicap | |

Is this child currently on a 504 Plan: _____ No _____ Yes

Is this child currently receiving Title I Reading services: _____ No _____ Yes

Is this child currently enrolled in a gifted/talented class? _____ No _____ Yes

To the best of my knowledge, the above information is correct and may be filed with my my child's records.

| | | |
|--|----------------------------------|---------------|
| _____ Signature of Person Enrolling Student | _____ Relationship to Student | _____ Date |
|--|----------------------------------|---------------|

| | |
|-------------------------|---------------|
| _____ Superintendent | _____ Date |
|-------------------------|---------------|

| | |
|----------------------------|-------------------------------|
| FOR OFFICE USE ONLY | ENROLLMENT INFORMATION |
| _____ Birth Certificate | GRADE: _____ |
| _____ Immunization Record | START DATE: _____ |
| _____ Proof of Residency | |
| _____ Custody Papers | |