

Bellevue City School District



In order to avoid delays in enrolling your student(s), you may print off and complete the following paperwork before you arrive to register your student(s). Then please contact the Board of Education Central Office to schedule a time to review the paperwork and complete the enrollment process.

Please bring with you at the time of registration the following:

1. Complete pack of enrollment papers completed
2. Child's Birth Certificate
3. Record of Immunizations
4. Proof of Residency

Board Of Education Central Office
125 North St.
Bellevue, Ohio 44811
419-484-5000
419-483-0723
www.bellevueschools.org

We welcome you to the Bellevue City School District and look forward to working with you to educate your student(s).

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:
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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:

<input type="checkbox"/> Ellis Elementary	Year(s) of Attendance: _____	Grade(s) _____
<input type="checkbox"/> Lyme Elementary	Year(s) of Attendance: _____	Grade(s) _____
<input type="checkbox"/> Ridge Elementary	Year(s) of Attendance: _____	Grade(s) _____
<input type="checkbox"/> Shumaker Elem.	Year(s) of Attendance: _____	Grade(s) _____
<input type="checkbox"/> York Elementary	Year(s) of Attendance: _____	Grade(s) _____
<input type="checkbox"/> Middle School	Year(s) of Attendance: _____	Grade(s) _____
<input type="checkbox"/> 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
_____ Birth Certificate
_____ Immunization Record
_____ Proof of Residency
_____ Custody Papers

ENROLLMENT INFORMATION
GRADE: _____
START DATE: _____

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

I hereby grant permission to (name and address of previous school):

To release all official school records, including, but not limited to:

Transcript of grades/Credits
Plus withdrawal grades

Standard and Psychological
Test Records

IEP/ETR Records

All Proficiency Test Records

Birth Certificate, Immunization Records
And Custody Papers

For the following student:

Name _____

Date of Birth _____ Current Grade Level _____

SSID Identification Number (Ohio schools only) _____

Please forward these records to: (Please circle the appropriate school)

Ellis Elementary School (K)
327 Ellis Ave.
Bellevue, OH 44811
419-484-5010 (phone)
419-484-5101 (fax)

Ridge Elementary (1 & 2)
126 Ridge Dr.
Bellevue, OH 44811
419-484-5030 (phone)
419-484-5103

York Elementary School (3-5)
2314 US Rt. 20 E.
Clyde, OH 43410
419-484-5050 (phone)
419-484-5105 (fax)

Bellevue Middle School (6-8)
215 North St.
Bellevue, Ohio 44811
419-484-5060 (phone)
419-484-5096 (fax)

Bellevue High School (9-12)
200 Oakland Ave.
Bellevue, OH 44811
419-484-5070 (phone)
419-484-5107

Signature of Parent/Guardian _____ Date of Enrollment _____

Health Insurance Portability and Accountability Act (HIPAA)
Family Education Rights and Privacy Act (FERPA)

Any and all personally identifiable information regarding children and families receiving Bellevue City School District Individual Education Plan (I.E.P.) services is protected from unauthorized disclosure under FERPA. Personally identifiable information protected by FERPA is specifically exempted from HIPAA privacy standards. FERPA prevents the disclosure of personally identifiable information without parental consent except in limited circumstances, requires notice to be provided to the child's family regarding their privacy rights, requires providers to keep records of access to child's records and contains complaints and appeal procedures which apply to disputes over records in possession of Bellevue City School District providers among other provisions.

Bellevue City School District

**BELLEVUE CITY SCHOOL
SCHOOL ENTRANCE HEALTH HISTORY**

Name _____ Grade _____ Birth Date _____ Sex _____

Daytime Phone # _____ Cell Phone # _____

Health History

Life Threatening Allergic Conditions: (Check all that apply)

- Severe allergic reaction to Bee Stings, other insects: _____
- Severe reaction to Nut, Peanuts: _____
- Severe reaction to other Food Products: _____
- Other severe allergies affecting school: _____

Please indicate any of your child's symptoms which would indicate a severe allergy: (Local swelling does not indicate a severe allergic reaction.)

- Itching and/or tightness in the throat, hoarseness
- Itching or swelling of the eyes, lips, tongue or mouth
- Shortness of breath, coughing, and/or wheezing
- "Thready pulse", "passing out"/loss of consciousness
- Hives

Has your physician prescribed an Epi-Pen or other medicine for a severe life threatening allergy? Yes* No
Specify medication: _____ *If you answered "Yes", please contact Health Services, 419-484-5094.

Does your child have a history of any of the following conditions, if yes please circle and explain below:

Developmental Delay	Yes	Heart Disease	Yes	Pre-mature Birth	Yes
Surgeries/Hospitalizations	Yes	Chicken Pox	Yes	Ear Infections or Tubes	Yes
Asthma	Yes	Kidney Disease	Yes	Hearing Problem or Aides	Yes
Blood Disorder	Yes	Nervous System Disorder	Yes	Mental Illness	Yes
Cancer	Yes	Skin Disorder	Yes	Behavioral Problems	Yes
Convulsions/Seizures	Yes	Stomach/Intestinal Disorder	Yes	Head Injury	Yes
Diabetes Type I or Type II (circle one)	Yes	Glasses/Contacts used full-time or for reading only (circle one)	Yes	Currently Under a Doctor's Care	Yes

Please explain any "Yes" answers to the above: _____

Describe any physical condition/disabilities not listed above: _____

Are there any precautions/limitations in school activities Yes/No _____

Family Health History that the school should be aware of _____

Medications: Please list

Name of Medication	Dosage	Time of Day	Reason

I understand that if my child's health status changes, I will provide the Health Services with the updated information at 419-484-5094.

Parent/Guardian Signature _____ Date _____

