

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? No Yes Primary Language English 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:

B Black or African American **W** White
 I American Indian or Alaskan Native **A** Asian
 P Native Hawaiian or Pacific Islander

Check box whether parent or legal guardian is an active member of the Armed Forces or National Guard

- Not Applicable-student is not a dependent of an Active Duty Military Forces member
- Active Duty Forces-student is a dependent of a member of the Army, Navy, Air Force, Marine Corps or Coast Guard
- National Guard-student is a dependent of a member of the Army National Guard or Air National Guard

If Active Duty Forces or National Guard, what is relationship to student: Father Mother Legal Guardian

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? **Father only** **Mother only** **Joint Custody**

SIBLINGS

Name: _____ Grade _____ Name _____ Grade _____

Name: _____ Grade _____ Name _____ Grade _____

Name: _____ Grade _____ Name _____ Grade _____

Student Education InformationHas 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 InformationIs this child currently receiving any special education programs or services (IEP): No Yes

If Yes, please check the following:

 Autism Other Health Impaired Intellectual Disability Specific Learning Disability Deafness--Hearing Impairment Speech/Language Emotional Disturbance Traumatic Brain Injury Multiple Disabilities Visually Impaired Orthopedic Impairment

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:

**BELLEVUE CITY SCHOOL DISTRICT
STATEMENT OF RESIDENCY**

This form is to be completed during enrollment by the student's parent or legal guardian. You must submit a separate Statement of Residency and documented proof of residency for each child enrolled in the district. Bellevue City School District reserves the right to request a new form if non-residency is suspected.

Student's Name _____
First Name Middle Initial Last Name

Date of Birth _____ Grade Level _____ Phone # _____

Physical Street Address of Residence (please note that a post office box is not acceptable as a residence address.)

Address _____
Street City State/Zip

I declare under the penalty of perjury that this student resides at the above address. I also agree to notify the Bellevue City School District immediately when residency has changed. I understand that a new Sworn Statement of Residency and new documented proof of residency must be submitted. Failure to notify or falsification of any information of documents required for residency verification may result in: a) revocation of student enrollment; b) being held liable to reimburse the district tuition as determined by the Treasurer of Bellevue City Schools for expenses incurred to educate this student; and/or c) civil action resulting from fraud, negligent misrepresentation and negligence.

Signature of Parent/Guardian Date

Print Name of Parent/Guardian Relationship to Student

Documented Proof of Residency Requirement:

If you are a current resident of the Bellevue City School District, you must provide:

1. Signed rental/lease agreement, signed real estate sales contract, or signed settlement statement/deed including the name and street address of the parent/guardian; OR
2. Utility bill (gas/electric/water) for the current month including the name and street address of the parent/guardian; OR
3. Property tax statement including the name and street address of the parent/guardian (subject to verification of occupancy).

If you share a home with a relative that resides in the Bellevue City School District, please provide:

1. Relative's proof of legal residence: AND
2. Documentation verifying proof of the parent/guardian residing at the address (examples: driver's license, checking account, credit card statement, voter registration, paycheck, etc.) AND
3. Statement of parent/guardian living in the residence.

A representative of the Bellevue City School District may periodically visit the address given by the parent/guardian to verify residency. The property address given may be the actual location where the student and parent/guardian live fulltime. A person who owns property in the district, but does not reside in the district, is not considered a resident.

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 _____

Bellevue City Schools Home Language Survey

Date: _____

Name of Student _____

Date of Birth: _____ Place of Birth: _____

Name of Parent/Guardian: _____

Home Address: _____

City: _____ State _____ Zip _____

For Parents/Guardians: Please answer the following questions:

1. What language did your son or daughter speak when he or she first learned to talk?

2. What language does your son or daughter use most frequently at home?

3. What language do you use most frequently to your son or daughter?

4. What language do the adults at home most often speak?

5. How long has your son or daughter attended school in the United States?

For School District Personnel:

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in EMIS Student Data Element (G1270), and proceed to assess the student's English language proficiency.

Bellevue City Schools

Please turn in physical form and up-to-date immunization record by August 1st

Child's Name (Print or Type)	Date of Birth
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Height _____ Weight _____ BMI(percentile) _____ Blood Pressure _____

**Physician/PA/ANP/CNP to complete. Check all that apply for each disease.
Attach copy of immunization record.**

Diseases for Immunization	Immunized (Up to date for age)	In Process of immunization	Medically Contraindicated/Not age appropriate (List specific vaccine component if indicated)	Parent/Guardian initial for specific immunization declined
Diphtheria/Tetanus/Pertussis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Hepatitis B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Measles/Mumps/Rubella	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Poliomyelitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Varicella (Chicken Pox) <input type="radio"/> Had Chicken Pox Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

O I have declined to have this child immunized against one or more of the diseases required by Ohio Revised Code for reasons of conscience, including religious convictions. Initial beside the disease(s) being declined and sign below. I understand this child may be excluded from school for an extended period of time if there is an outbreak of one of the diseases for which required immunizations were declined.

Printed name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date of Signature _____

Physician/PA/ANP/CNP to complete

Health history, limitations, restrictions, special needs for learning/school environment

O The above named child has been examined, the immunization status has been recorded and child is in suitable condition for participation in school.

Date of Exam _____

Examining Physician/Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner

Signature _____ Date _____

Printed Name: _____

Address: _____ Phone: _____

City, State, Zip _____

DENTIST REPORT

(Completed by Dentist)

_____ All necessary services have been performed

_____ No restorative services are required now

_____ Further treatment is indicated

_____ Future appointments have been arranged

Signature of Dentist _____

Date _____

Printed Name _____

Children with special dietary needs: Disability or Life-threatening allergy

PART A		
Child's Name	DOB	Date
School	Grade	Classroom
Does this child have a life-threatening allergy or disability? If yes, describe the reaction or major life activities affected.		Yes No
Does the child have special nutritional or feeding needs? If yes, complete Part B of this form and have it signed by a licensed healthcare specialist (Physician, Nurse Practitioner, Physician Assistant).		Yes No
If the child does not require special nutritional or feeding needs, the parent can sign the bottom of this form and return it to the school.		

PART B (to be completed by Licensed Healthcare Provider)
List any dietary restrictions or special diet. Please be specific.
List any food life-threatening food allergies.
List any food to be substituted.
List foods that need the following change in texture. If all foods need to be prepared in the manner, indicate "All". Cut-up or chopped into bite size pieces: Finely ground: Pureed:
List any special equipment or utensils that are needed.
Indicate any other comments about the child's eating or feeding that are pertinent to school.

Signature of Licensed Healthcare Provider _____ **Date** _____

Please return form to	From
Jackie Hess Bellevue City Schools, Food Services	Printed Name of Health Care Provider
125 North Street	Address
Bellevue, OH 44811	City, State ZIP
Phone: 419-484-5190 Fax: 419-484-5016	Date

Parent Signature: _____ **Date:** _____

Reviewed by: _____ **Date:** _____
 _____ **Date:** _____

This form is intended for the sole use of the intended recipient and may contain privileged, sensitive, or protected health information. If you are not the intended recipient, be advised that the unauthorized use, disclosure, copying, distribution or action taken on the reliance on the contents of this communication is prohibited.

BELLEVUE CITY SCHOOLS EARLY LEARNING SURVEY

The purpose of this survey is to find out what types of early organized experiences children have had before coming to kindergarten. Please check all of the experiences your child has participated in and for approximately how long. Thank you.

Child's Name _____ Date _____

Help Me Grow

County _____ Length of Service _____

Child Care Center

- First United Methodist Daycare
- St. Paul's Daycare
- Other _____

Length of Length of Attendance _____

WSOS

County _____

- Center Based Program – Length of Attendance _____
- Home Based Program – Length of Attendance _____

Pre-School

- Bellevue City School's – Length of Attendance _____
- St. John's – Length of Attendance _____
- Immaculate Conception School (ICS)–Length of Attendance _____
- Other _____-Length of Attendance _____

Pre-School Special Education Services (IEP)

- Bellevue City School's - Length of Attendance _____
- Other School District _____ Length of Attendance _____

BELLEVUE CITY SCHOOLS
EMERGENCY MEDICAL AUTHORIZATION AND CONTACT INFORMATION
(Ohio Revised Code 3313-712)

Check here if new address
 Check here if new phone

Student's Name _____ D.O.B _____ Gr. _____

Student's Residential Address _____

Parent/Guardian	Parent/Guardian
Relationship	Relationship
Address if different	Address if different
Primary Phone (School Messenger contact)	Primary Phone (School Messenger contact)
Email Address (School Messenger contact)	Email Address (School Messenger contact)
Place of Employment	Place of Employment
Employment Phone	Employment Phone

Is parent or legal guardian an ACTIVE member of Armed Forces or National Guard-- No Yes

If yes, select appropriate box:

Active Duty Forces-Army, Navy, Air Force, Marine Corps or Coast Guard National Guard or Air National Guard

If Active Duty Forces or National Guard, what is relationship to student: Father Mother Legal Guardian

SIBLINGS IN THE DISTRICT

Name	Grade	Name	Grade

Provide ANY pertinent medical history including allergies, medications being taken and any physical impairments that may affect your child at school:

PART 1 or 2 MUST BE COMPLETED

PART 1 TO GRANT CONSENT	PART 2 REFUSAL TO CONSENT
<p>I hereby give consent for the following medical care providers and local hospital to be called:</p> <p>Doctor _____ Phone: _____</p> <p>Dentist _____ Phone: _____</p> <p>Hospital/Emergency Room _____</p> <p>In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for 1) the administration of any treatment deemed necessary by above named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and 2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other license physicians or dentists, concurring the necessity for such surgery, are obtained prior to the performance of each surgery.</p>	<p>I do NOT give my consent for emergency medical treatment for my child.</p> <p>In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>_____ Signature of Parent/Guardian Date</p>	<p>_____ Signature of Parent/Guardian Date</p>

over

EMERGENCY CONTACT INFORMATION

PURPOSE: *If unable to reach parents/guardians for children who become ill or injured while under school authority This information will be shared as necessary with teachers, bus driver, administrative staff, health personnel including student nurses, and other school personnel. Emergency contacts **must live** within driving distance of Bellevue.*

Name #1	Relationship	Telephone	Pick Up Y <input type="checkbox"/> N <input type="checkbox"/>	School Messenger Notification Y <input type="checkbox"/> N <input type="checkbox"/>
Name #2	Relationship	Telephone	Pick Up Y <input type="checkbox"/> N <input type="checkbox"/>	School Messenger Notification Y <input type="checkbox"/> N <input type="checkbox"/>

SCHOOL MESSENGER NOTIFICATION

Bellevue City Schools uses the School Messenger communication service to stay connected with families for school closings, school events, and general information.

Description of message types and who will receive notifications:

School Hours Emergency - for school hour emergency notifications Ex. school lockdown, fire, flood, etc.

- Parents/ Guardians will be contacted
- Emergency Contacts will be contacted

Weather Delays & Cancellations - for non-school hour emergency notifications. Ex. Weather delays or cancellations. Note that communications can be as early at 5:00 a.m.

- Parents/Guardians will be contacted
- Emergency Contacts (if box is checked)

General Communications: - pertaining to school information. Ex. Parent/teacher conference reminders, school events, attendance notifications related to your child's absence; lunch balances—student charges on lunch account

- Parent/Guardian will be contacted

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.