

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: