



**BELLEVUE SCHOOL DISTRICT
STUDENT REGISTRATION FORM**

BSD ID# _____

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	Gender
Do you need an interpreter (e.g., for school meetings)?			Do you need official school materials to be translated?		
Birth Date:					
Mo	Day	Yr			

*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.

Part I: Is your child of Hispanic or Latino origin? (if "yes" please check all that apply)

55 Cuban 65 Spaniard 30 Mexican/Mexican American/Chicano
 60 Dominican 75 Central American 80 South American
 70 Puerto Rican 85 Latin American 90 Other Hispanic/Latino

Part II: What race(s) do you consider your child? (check all that apply)

200 African American/Black

300 White

505 Asian Indian 507 Cambodian 510 Chinese 520 Filipino 525 Hmong
 530 Indonesian 535 Japanese 540 Korean 545 Laotian 550 Malaysian
 555 Pakistani 560 Singaporean 565 Taiwanese 570 Thai 575 Vietnamese
 599 Other Asian

605 Native Hawaiian 615 Fijian 620 Guamanian or Chamorro 625 Mariana Islander 630 Melanesian
 632 Micronesian 635 Samoan 640 Tongan 699 Other Pacific Islander

405 Alaska Native 410 Chehalis 413 Colville 416 Cowlitz 418 Hoh
 421 Jamestown 424 Kalispel 427 Lower Elwha 430 Lummi 433 Makah
 436 Muckleshoot 439 Nisqually 442 Nooksack 445 Port Gamble Clallam
 448 Puyallup 451 Quileute 454 Quinault 457 Samish 460 Sauk-Suiattle
 463 Shoalwater 466 Skokomish 469 Snoqualmie 472 Spokane 475 Squaxin Island
 478 Stillaguamish 481 Suquamish 484 Swinomish 487 Tulalip 490 Yakama
 495 Other Washington Indian 499 Other American Indian

School Experience Data: (Enter appropriate answer)

Has this student:

- previously attended the Bellevue School District? If yes, school _____ Year _____
- been enrolled in any special education program? If yes, what program? _____
what year(s)? _____
- been enrolled in ESL/TBP programs?
- ever been suspended or expelled for disciplinary reason(s)?
- had a history of violent or criminal behavior?
- had any history of weapons possession?

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

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PLEASE COMPLETE ALL 3 PAGES OF THIS FORM

Student Name

Student lives with:

If Other, please specify relationship _____

Student's Physical Residence: Street _____

Apt. # _____ Complex _____ City _____ State _____ Zip _____

Home phone () _____ Unlisted? _____

Is this a temporary living situation? 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?

Last name _____ First name _____

Street _____ Apt. # _____ City _____

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

Cell Phone _____ Pager _____

E-Mail _____ Release student to noncustodial parent? _____

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	Name	Phone
_____	() _____	_____	() _____

Child Care Center _____ Phone: () _____

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:

Student Name

Siblings: Last name	First name	Birth date	BSD Student ID#	Sex	Living at Home
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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) Previously enrolled in BSD Preschool/Childcare:

School	City	State	Zip	Dates		Grade Levels
				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, parent email address(es), 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 name (please print)

Parent/Guardian signature

Date