

Bellevue Union School District

STUDENT REGISTRATION FORM

Page 1 of 2

Enrollment Date: _____ *School Use Only* School Year: 2014 - 2015

School Site: *SCHOOL USE ONLY* Student ID No: *SCHOOL USE ONLY* GRADE *SCHOOL USE ONLY*

Teacher Assignment: *SCHOOL USE ONLY* Registration Date: Birth Certificate Verified:

STUDENT'S NAME: Last Name First Name MI

LEGAL NAME: Last Name First Name GRADE

BIRTH DATE: MONTH DAY YEAR **GENDER:** Male Female **PHONE:**

HOME ADDRESS: Street City State Zip Code

BIRTH PLACE: City State Country MONTH DAY YEAR

PARENT EDUCATION: Check the response that describes the education level of the *most educated parent*.
 Graduate Degree or Higher (10) College Graduate (11) Some College or AA Degree (12)
 High School Graduate (14) Not a High School Graduate (14)

DATE FIRST ATTENDED U.S. SCHOOL
MONTH DAY YEAR

DATE FIRST ATTENDED IN CALIFORNIA
MONTH DAY YEAR

STUDENT'S ETHNICITY (Please check one): Hispanic or Latino NOT Hispanic or Latino

STUDENT'S RACE (Please check up to five racial categories):
Student's Ethnicity is about ethnicity, not race. No matter what you selected under student's ethnicity, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

<input type="checkbox"/> American Indian or Alaskan Native (100)	<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Somoan (303)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Other Asian (208)	<input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Japanese (202)		<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Guamanian (302)	<input type="checkbox"/> African American or Black (600)
			<input type="checkbox"/> White (700)

HOME LANGUAGE SURVEY:
1. What language/dialect does your son/daughter most frequently speak at home? _____
2. What language/dialect did your son/daughter learn when he/she first began to talk? _____
3. What language/dialect do you most frequently speak to your child? _____
4. Has your child ever been given the CELDT Test (Calif English Language Development Test)? Yes No I don't know

SPECIAL SERVICES Please check any services your child has received.

<input type="checkbox"/> Special Education	<input type="checkbox"/> Remedial Reading and/or Math	<input type="checkbox"/> English Language Learner/ESL	<input type="checkbox"/> SARB-Attendance Review Board
<input type="checkbox"/> 504	<input type="checkbox"/> Resource (RSP)	<input type="checkbox"/> Speech	<input type="checkbox"/> Counseling
<input type="checkbox"/> Gifted (GATE)	<input type="checkbox"/> Other (please specify): _____		

RESIDENCE: Please check the appropriate box - where your child/family are currently living. (Federally mandated by NCLB)

<input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home)	<input type="checkbox"/> In a Motel/Hotel (09)
<input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11)	
<input type="checkbox"/> Unsheltered (car/campsite) (12)	<input type="checkbox"/> In a shelter or transitional housing program (10)
<input type="checkbox"/> Other (15) (please specify) _____	

LAST SCHOOL ATTENDED:
Name: _____ Grade(s): _____ Date(s): _____
Address: _____ City: _____ State: _____ Zip: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Bellevue Union School District

STUDENT REGISTRATION FORM

Page 2 of 2

Enrollment Date: _____ <i>School Use Only</i>		School Year: 2014 - 2015
School Site: <i>SCHOOL USE ONLY</i>	Student ID No: <i>SCHOOL USE ONLY</i>	GRADE <i>SCHOOL USE ONLY</i>
Teacher Assignment: <i>SCHOOL USE ONLY</i>	Registration Date:	Birth Certificate Verified:

STUDENT'S NAME:			
	Last Name	First Name	MI

PARENT/GUARDIANSHIP INFORMATION (with whom the student lives) - check all that apply Other _____

Father Mother Both Step-Mother Step-Father Guardian Foster/Group Home

Is the above checked person(s) the student's LEGAL guardian?

Yes No If NO, please complete a "Caregiver Affidavit".

If there is a legal custody agreement regarding this student, please check one:

Joint Custody Sole Custody Guardian

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES

1 Father Step-Father Guardian
Name: _____ Employer: _____ Phone: _____

2 Mother Step-Mother Guardian
Name: _____ Employer: _____ Phone: _____

HEALTH INFORMATION / EMERGENCY CONTACT INFORMATION

Please check all the following conditions that your child has had and if they are under medical care or taking medication.

If yes, does the medication need to be dispensed at school. Yes No

<input type="checkbox"/> Bee Sting	Epi-Pen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Asthma	Inhaler	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Diabetes	Insulin	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Vision/Hearing	Glasses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Allergies _____			
<input type="checkbox"/> Other _____			

Physician's Name: _____ Phone: _____

Address _____ Medi-Cal: Yes No

I give my permission to consult my family Physician in case of accident or sudden illness at the discretion of school authorities. I give my permission for the school to transport my child in case of emergency.

Parent signature _____ Date _____

Emergency contact:

1. Name/Relationship _____ Phone _____

2. Name/Relationship _____ Phone _____

3. Childcare provider: _____ Phone _____

PROOF OF RESIDENCY: California Education Code requires proof of residency in any District within which you are registered.

The following proof has been provided upon registration:

Rent Receipt PG&E Bill Phone Bill Water Bill Other _____

Purchase of Property Contract

My signature indicates that I have read and understand the registration form. It also certifies that the information on this form is true and correct. My signature affirms that the child resides with me at this address (affirmed by PG&E bill, recent bill with my name). I understand that any change of residency information (address, telephone number, guardianship) must be reported to the school, examined and verified within 30 days of change. Falsification of information will be grounds for invalidating the student's enrollment.

PARENT/GUARDIAN SIGNATURE:	DATE:
----------------------------	-------

For Registration

Parent Provides:

Birth Certificate

Immunization Record

Proof of Residence

Padres Traigan:

Acta de Nacimiento

Vacunas

Comprobante de domicilio

**Bellevue Union School District
Student Emergency Form**

Teacher _____ Rm. _____

Student Name: _____ Home Phone: _____

Address: _____
Last First Middle Initial Birthdate: ____ / ____ / ____ Sex: M F

Parents: _____ Step Foster Guardian

Mother's Work _____ Work Phone _____ Cell Phone _____

Father's Work _____ Work Phone _____ Cell Phone _____

Student Lives with: ____ Father ____ Mother ____ Legal Guardian ____ Other

Primary Language Eng Span Other _____

Legal Documents on File yes no Date: _____ Type of Document _____

Emergency Contact:
1. Name/Relationship _____ Phone: _____

2. Name/Relationship _____ Phone: _____

3. Name/Relationship _____ Phone: _____

Permission to transport Student

We, the undersigned (parent/guardian) of _____, do hereby grant permission for the
student's name
Bellevue Union School District in Sonoma, CA to transport the above named student to and from school sponsored events including but not limited to study trips, athletic and social events.

Parent/Guardian Signature: _____ Date: _____

Family Health Care

Physicians Name: _____ Phone: _____

Medi-Cal: Yes no

Address: _____

I give my permission to consult my family physician in case of accident or sudden illness at the discretion of school authorities.

I give my permission for the school to transport my child in case of emergency.

Parent Signature: _____ Date: _____

Please check all of the following conditions that your child has had and if they are under medical care or taking medication. If yes, does the medication need to be dispensed at school.

- | | | | | |
|--------------------------|-----------------|---------|------------------------------|-----------------------------|
| <input type="checkbox"/> | Bee Sting | Epi-Pen | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> | Asthma | Inhaler | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> | Diabetes | Insulin | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> | Vision/Hearing | Glasses | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> | Allergies _____ | | | |
| <input type="checkbox"/> | Other _____ | | | |

If you are not the legal guardian of the student attending _____ School in the Bellevue Union school District

our district needs a statement from the legal guardian for educational and medical services. I, _____

am the legal guardian of _____, and all paperwork regarding guardianship has been provided to the

school office. I give permission to _____ to make educational and medical decisions from

_____ to _____
Date Date

