



STUDENT ENROLLMENT FORM

OFFICE USE ONLY
BSD ID# _____
DATE RECEIVED _____

* This form is available in the following languages: Chinese, Japanese, Korean, Russian, Spanish, and Vietnamese

STUDENT INFORMATION Please Print Clearly

Preferred last name: _____	Preferred first name _____	Entering grade level: _____	Gender: Male Female
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Legal last name: _____	Legal first /middle initial name: _____	Has your student gone by any other name? If yes, what was the previous name? _____
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Birthdate: _____ Month Day Year	Where was your student born? City _____ State _____ Country _____
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If student was NOT born in the U.S, date first entered: _____	Has your student ever received formal education outside of the United States? (K-12) yes no If yes: Number of months: _____ (1 year = 10 months) Language of instruction: _____
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What date did your student **first** attend a school in the United States? (K-12) _____

What language did your student first learn? English OR Other: _____	What language does your student use the most at home? English OR Other: _____
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What is the primary language spoken in the home, regardless of the language spoken by your child? _____

Home Address: _____ Unit# _____ City _____ Zip _____

Mailing address: _____ Unit # _____ PO Box _____ City _____ Zip _____
(If different from above)

School Experience Data: Has this student:

- previously attended the Bellevue School District (BSD)? yes no If yes, school _____ Year _____
- been enrolled in any special education program (served with an Individual Education Plan, **IEP**)? yes no If yes, school _____ Year _____
- had a **504** Plan? yes no If yes, school _____ Year _____
- had an **IHP** to address known medical issues? yes no
- been enrolled in **ELL** programs? yes no
- ever been suspended or expelled for disciplinary reason(s)? yes no
- had a history of violent or criminal behavior? yes no
- had any history of weapons possession? yes no

Last school attended: _____ Dates: from _____ to _____ Grade level(s) _____
Street _____ City _____ State _____ Zip _____

Other schools attended (list most recent first)

School	City	State	Zip	Dates From	To	Grade Levels

Previously enrolled in an early learning program? yes no If yes, preschool attended: _____ # of years: _____
If yes, check all that apply: BSD preschool other preschool playgroup childcare with family, friends, neighbors

• Is your student a foster child? yes no
*For this purpose, a **foster child** is a child whose care and placement is the responsibility of the State or local Welfare agency **OR** who is placed by a court with a caretaker household.*



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PARENT/GUARDIAN INFORMATION			
Student lives with	Both Parents	Mother	Father
			Mother/Stepparent
			Father/Stepparent
	Other (specify relationship) _____		Alternates Mom & Dad
			Emancipated Minor
Joint custody?	yes	no	
Release student to noncustodial parent?	yes	no	Please provide school with a copy of the current Parenting Plan

PRIMARY HOUSEHOLD INFORMATION (where student resides)

#1 Parent/guardian:	
Last name _____ First name _____	Relationship to Student _____
#1 phone _____ #2 phone _____ email _____	
home cell work home cell work	
Do you need an interpreter (for school meetings)? yes no Do you need official school materials to be translated? yes no If yes, in what language? _____	Military Affiliation check one box: N - No military affiliation A - Active duty U.S. Armed Forces R- U.S. Armed Forces Reserves G - Active duty Washington National Guard

#2 Parent/guardian:	
Last name _____ First name _____	Relationship to Student _____
#1 phone _____ #2 phone _____ email _____	
home cell work home cell work	
Do you need an interpreter (for school meetings)? yes no Do you need official school materials to be translated? yes no If yes, in what language? _____	Military Affiliation check one box: N - No military affiliation A - Active duty U.S. Armed Forces R- U.S. Armed Forces Reserves G - Active duty Washington National Guard

SECONDARY HOUSEHOLD INFORMATION

	Receive mailings? yes no	Receive email? yes no
Address _____ Unit # _____ City _____ State _____ Zip _____		

#3 Parent/guardian:	
Last name _____ First name _____	Relationship to Student _____
#1 phone _____ #2 phone _____ email _____	
home cell work home cell work	
Do you need an interpreter (for school meetings)? yes no Do you need official school materials to be translated? yes no If yes, in what language? _____	Military Affiliation check one box: N - No military affiliation A - Active duty U.S. Armed Forces R- U.S. Armed Forces Reserves G - Active duty Washington National Guard

#4 Parent/guardian:	
Last name _____ First name _____	Relationship to Student _____
#1 phone _____ #2 phone _____ email _____	
home cell work home cell work	
Do you need an interpreter (for school meetings)? yes no Do you need official school materials to be translated? yes no If yes, in what language? _____	Military Affiliation check one box: N - No military affiliation A - Active duty U.S. Armed Forces R- U.S. Armed Forces Reserves G - Active duty Washington National Guard



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STUDENT ETHNICITY Please complete Part I and Part II

Part I: Is your student of Hispanic or Latino origin? yes no (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 student? (check all that apply)

- | | | | | |
|-----------------------------|-----------------|---------------------------|----------------------------|--------------------|
| 200 African American/Black | 300 White | | | |
| 505 Asian Indian | 507 Cambodian | 510 Chinese | 520 Filipino | 525 Hmong 550 |
| 530 Indonesian | 535 Japanese | 540 Korean | 545 Laotian | Malaysian 575 |
| 555 Pakistani | 560 Singaporean | 565 Taiwanese | 570 Thai | 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 | | |



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ADDITIONAL INFORMATION

Siblings in BSD: Last name (if different) First name	Birth date	Gender	Living at Home	BSD Student ID# <small>(office use only)</small>
		M F	yes no	
		M F	yes no	
		M F	yes no	

Persons to contact in case of emergency who are authorized to pick up your student at school (if parent/guardian cannot be reached):

Full Name _____ Phone _____ <small>home cell work Relationship</small>	Full Name _____ Phone _____ <small>home cell work Relationship</small>
Full Name _____ Phone _____ <small>home cell work Relationship</small>	Full Name _____ Phone _____ <small>home cell work Relationship</small>

* I AUTHORIZE THE RELEASE OF MY STUDENT TO ANY ADULT WITH WHOM THEY FEEL COMFORTABLE yes no

Medical Emergency Information: Physician _____ Phone: _____

Preferred Hospital (when possible): _____

Please describe any health conditions or allergies the school should be aware of, including any history of substance use or abuse:

RELEASE OF INFORMATION ABOUT YOUR STUDENT

Notice: The district will accommodate the **religious beliefs** of all students in all aspects of its program. Please share special instructions for your student with **the principal**.

Schools are permitted to disclose information on students if it has been properly designated as directory information. By law, **XjfYWc f m j b z fa U j c b** includes things that would generally not be considered harmful or an invasion of privacy if disclosed, such as **b l a Y z U X X f Y g g z d l c t c j f U d l z U b X X U H c Z V j f H**. Directory information may not include things such as a student's social security number or grades. If a school has a policy of disclosing directory information, it is required to give public notice to parents of the types of information designated as directory information, and of the right to opt out of having your student's information so designated and disclosed. 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.

Student name and other directory information in the student directory, approved mailing lists, school newspapers, commencement programs, honor rolls, and other similar purposes.	yes	no
Student photo or school work in BSD publications/news media/district/teacher/affiliate websites, e.g. BSF	yes	no
Student name and photo in school yearbook (if the school has one)	yes	no
We are required by law to release your student's directory information , including address and phone number unless you tell us not to	To military recruiters	yes no
	To institutions of higher learning	yes no

BchjW. 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 including withdrawal from school.

Parent/Guardian name (please print) _____

Parent/Guardian signature _____ Date _____



STUDENT HOUSING QUESTIONNAIRE

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness.

1. CURRENT LIVING SITUATION:

DO YOU OWN/RENT YOUR OWN HOME? If yes, **skip to Section 3**
If no, **complete the remainder of this form.**

If you do not own/rent your own home, where are you and your family staying? *Please check all that apply below:*

- In a shelter
- Transitional Housing
- In someone else's house or apartment with another family
- Moving from place to place/couch surfing
- In a motel
- In a residence with inadequate facilities (no water, heat, electricity, etc.)
- A car, park, campsite, or similar location
- Other _____

2. STUDENT INFORMATION

Student(s): Last	First	Gender:	Date of Birth:	Age:	Grade:	Name of School:
			Month/Day/Year			
_____	_____	M F	_____	_____	_____	_____
_____	_____	M F	_____	_____	_____	_____
_____	_____	M F	_____	_____	_____	_____
_____	_____	M F	_____	_____	_____	_____
Student is living with a parent or legal guardian		Student is unaccompanied (not living with a parent or legal guardian)				

3. PARENT/GUARDIAN OR UNACCOMPANIED YOUTH INFORMATION

The undersigned certifies that the information provided above is accurate. PLEASE PRINT your information.

Parent(s)/legal guardian(s):
(Or unaccompanied youth) _____

Address of current residence: _____

Phone number or contact number: _____ Name of contact: _____

*I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

*Signature of parent/legal guardian: _____ Date: _____
(Or unaccompanied youth)

**Office Managers and/or Registrars: If parent marked any box in Section 1, please forward a copy of this form to:
Betty Takahashi, BSD McKinney-Vento Liaison, ESC, takahashib@bsd405.org, phone: 425-456-4241**