



# BELLINGHAM PUBLIC SCHOOLS

## Student Registration Form Elementary School

Has your child ever attended Bellingham Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide name of school(s) attended:		Dates attended:		
Student Legal Last Name:		Legal First Name:		Legal Middle Name:		
Student Preferred Last Name:		Preferred First Name:		Preferred Middle Name:	Birthdate(MM/DD/YY)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Pref. Gender <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Female	Grade	Birthplace: City		State	Country
<i>If your child was born outside the United States:</i>		Date of Initial Enrollment in US Public School (mm/dd/yy)		Number of Months of K-12 Schooling Outside US		
<i>Ethnicity &amp; Race Info – see additional page</i>		Language Student Currently Speaks:	Language First Spoken By Student:		Lang. Spoken at Home:	

Name of Last School(s) Attended:	Date Last Attended:	Previous School Location (City & State):		
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<b>#1 Primary Household (where student resides)</b>						
Last Name		First Name		Relationship to Student		
Home Phone:	<input type="checkbox"/> Unlisted	Cell Phone:		Work Phone:		
Email:						
Last Name		First Name		Relationship to Student		
Cell Phone:			Work Phone:			
Email:						
Street Address	Street Address (Include Apt#)			Mailing Address	Street/PO Box#	
	City	State	Zip		City	State

<b>#2 Second Household</b>						
Last Name		First Name		Relationship to Student		
Home Phone:	<input type="checkbox"/> Unlisted	Cell Phone:		Work Phone:		
Email:						
Last Name		First Name		Relationship to Student		
Cell Phone:			Work Phone:			
Email:						
Street Address	Street Address (Include Apt#)			Mailing Address	Street/PO Box#	
	City	State	Zip		City	State



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Is there a joint custody or parenting plan in effect?  Yes  No  Attached (If yes, copy must be on file with school)

Is there a restraining order in effect?  Yes  No  Attached (If yes, copy must be on file with school)

If yes, restraining order is against:

Does your student have health insurance?  Yes  No Provider: \_\_\_\_\_

Primary Physician: Name: Phone:

Emergency Contacts – Please list adults you trust who are available during the day to pick up and provide care for your child in the event we can't reach a parent/guardian.

Name: Relationship to Student: Home Phone: Cell Phone: Work Phone:

1.

2.

3.

Does child attend childcare: <input type="checkbox"/> Before School <input type="checkbox"/> After School  <input type="checkbox"/> Before & After School	Childcare Provider Name	Phone	Address
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Student Cell Phone:

Has this student been suspended or expelled?  Yes  No

Date of most recent incident: \_\_\_\_\_ For weapons or dangerous behavior?  Yes  No

Was student returned to school?  Yes  No

Has your child ever qualified for or received Special Education services?  Yes  No Current IEP?  Yes  No

Has your child ever qualified for or had a 504 plan?  Yes  No

Has your child ever received Chapter/LAP services?  Yes  No If yes,  Math  Reading

Has your child ever participated in:  Gifted/HCL  Title1  ESL  Other \_\_\_\_\_

Has your child ever been retained?  Yes  No If yes, at what grade level(s): \_\_\_\_\_

Has your child ever received migrant services?  Yes  No

Does your student have a parent or guardian who is EITHER a member of the active duty US Armed Forces;  
OR a member of the reserves of the US Armed Forces;  
OR a member of the Washington National Guard?  Yes  No

Please list other siblings attending Bellingham Public Schools  
Last Name First Name School Grade

### Verification of Information

The information on this form is true and accurate as of this date.

I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Bellingham Public Schools.

Legal Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Staff use only – please do not write in gray boxes*

StuId#: _____	Address Verification: _____	Health Alert	AM Bus _____	Transfer: <input type="checkbox"/> Y <input type="checkbox"/> N
Entry Date: _____	Immunizations: Birth Certificate: _____	<input type="checkbox"/> Y <input type="checkbox"/> N	PM Bus _____	Approved: _____