

# Bellevue Union School District

## STUDENT REGISTRATION FORM

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Enrollment Date: \_\_\_\_\_ *School Use Only* School Year: 20\_\_\_\_ - \_\_\_\_

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:** \_\_\_\_\_ **GENDER:**  Male  Female **PHONE:** \_\_\_\_\_  
 MONTH DAY YEAR  Non-Binary  Cell

**HOME ADDRESS:** \_\_\_\_\_  
 Street City State Zip Code

**BIRTH PLACE:** \_\_\_\_\_ **DATE FIRST ATTENDED IN CALIFORNIA**  
 City State MONTH DAY YEAR

**PARENT/Guardian 1 EDUCATION:**  Mother  Father  Step Mother  Step Father  Guardian  
 Graduate Degree or Higher (10)  College Graduate (11)  Some College or AA Degree (12)  
 High School Graduate (14)  Not a High School Graduate (14)  Decline to state

**PARENT/Guardian 2 EDUCATION:**  Mother  Father  Step Mother  Step Father  Guardian  
 Graduate Degree or Higher (10)  College Graduate (11)  Some College or AA Degree (12)  
 High School Graduate (14)  Not a High School Graduate (14)  Decline to state

**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.*  
 American Indian or Alaskan  Vietnamese (204)  Other Asian (208)  Tahitian (304)  
 Chinese (201)  Asian Indian (205)  Hawaiian (301)  Other Pacific Islander (399)  
 Japanese (202)  Cambodian (207)  Guamanian (302)  African American or Black (600)  
 Korean (203)  Hmong (208)  Samoan (303)  White (700)

Is either parent/guardian on active duty in the US armed forces:  Army,  Navy,  Air Force,  Marine Corps or  Coast Guard or on full-time  National Guard Duty?  YES  NO

**SPECIAL SERVICES** *Please check any services your child has received.*  
 Special Education  Special Day Class (SDC)  English Language  SARB-Attendance  
 504  Resource (RSP)  Speech  Counseling  
 Gifted (GATE)  Other (please specify): \_\_\_\_\_

**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/lease  PG&E Bill  Phone Bill  Other \_\_\_\_\_  
 Purchase of Property Contract  McKinney/Vento Affidavit

**LAST SCHOOL ATTENDED:**  
 Name: \_\_\_\_\_ Grade(s): \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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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:
<b>STUDENT'S NAME:</b>		
	Last Name	First Name
		MI

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

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

### Home Language Survey

The California Education Code contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

1. Which language did your child learn when he/she first began to talk? \_\_\_\_\_
2. Which language does your child most frequently speak at home? \_\_\_\_\_
3. Which language do you (the parents or guardians) most frequently use when speaking with your child? \_\_\_\_\_
4. Which language is most often spoken by adults in the home (parents, guardians, grandparents, or any other adults)? \_\_\_\_\_

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:
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