



BELLINGHAM PUBLIC SCHOOLS

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 & 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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#1 Primary Household (where student resides)					
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#)			Street/PO Box#	
	City	State	Zip	City	State Zip

#2 Second Household					
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#)			Street/PO Box#	
	City	State	Zip	City	State Zip

Is there a joint custody or parenting plan in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Attached (If yes, copy must be on file with school)
Is there a restraining order in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Attached (If yes, copy must be on file with school)



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Student Registration Form
Middle and High 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. _____

Student Home Email: _____ Student Cell Phone: _____

Has this student taken the MSP, HSPE, EOC, or another state standardized test? Yes No

If yes, indicate the school where test was taken: _____ Month/Year: _____

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 child 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 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: _____	<input type="checkbox"/> Y <input type="checkbox"/> N	PM Bus _____	Approved: _____
	Birth Certificate: _____			