



Student Enrollment Form

Bellevue Public Schools

PLEASE PRINT ON BOTH SIDES

For Office Use Only	
Date _____	BPS ID# _____
Attendance Area _____	
Impact Aid Status _____	
School _____	
Proof of Residency <input type="checkbox"/> Birth Certificate <input type="checkbox"/>	

Att. 1-1-1/4

Student Legal Name: _____

First
Last
Middle

Home Address: _____

City
Zip

Home Phone: _____ **Gender:** _____ **Birthdate:** _____
(Month/Day/Year)

Mailing Address: _____
(if different than home)
City
Zip

Birthplace: _____ **U.S. Entry Date (if applicable)** _____

State/Country

School Previously Attended: _____ **Grade Upon Enrollment:** _____

School
City
State

I have attended a school in Nebraska before? Yes No **If yes, what district?** _____

Ethnicity (For required federal reporting)- Please check one (1) Hispanic or Latino Not Hispanic or Latino

Race (For required federal reporting)- Please check all that apply

White Asian Black or African American
 Native Hawaiian or Other Pacific Islander American Indian or Alaska Native

▪ What language did the student first learn to speak? _____

▪ What language is spoken most often by the student? _____

▪ What language does the student most frequently use at home? _____

▪ Is this student currently expelled or suspended from another school district? Yes No

▪ Are there legal/court restrictions affecting access to this student or his/her records? Yes No

If yes, please clarify: _____

▪ Is this student a ward of the court? Yes No

Parents or legal guardians living in student's home:

Adult 1: _____ Relationship to student: _____

Employer: _____

Daytime Phone: _____ Cell/Other Phone: _____

Adult 2: _____ Relationship to student: _____

Employer: _____

Daytime Phone: _____ Cell/Other Phone: _____

Family Email (not student's email): _____

List any other parent or legal guardian not living with the student:

Adult 1: _____ Relationship to student: _____

Home Phone: _____ Cell/Other Phone: _____

Daytime Phone: _____

Adult 2: _____ Relationship to student: _____

Home Phone: _____ Cell/Other Phone: _____

Daytime Phone: _____

Mailing Address: _____

Family Email (not student's email): _____

Mailings pertaining to the student should also be sent to this address: Yes No

