



SCHOOL DISTRICT OF BELLEVILLE  
 DISTRICT OFFICE – 625 W CHURCH STREET, BELLEVILLE, WI 53508  
 PHONE 608.424.3315 FAX 608.424.3486  
 WWW.BELLEVILLE.K12.WI.US

## NEW STUDENT ENROLLMENT FORM

### Building Office Information – To be filled out by school official only

Student ID#-	Proof of Residency-			Proof of Age-		Staff Initials-
	Utility	Lease	Home Purchase	Birth Certificate	Passport	

Complete page 1 and 2 for each student.

### STUDENT INFORMATION – To be filled out by parent or legal guardian:

Last Name ( <i>legal</i> )		First Name ( <i>legal</i> )		Middle Name ( <i>legal</i> )		Suffix
Birth Date	Age	Graduation Year		Gender	Nickname	
Birth City		Birth State		Birth Country ( <i>if outside of US</i> )		Birth County

### STUDENT ENROLLMENT INFORMATION

Start Date	School Name	Grade	School Year
Last School Attended ( <i>name of school, city, state, zip</i> )			First Date in US Schools ( <i>if attended school in another country</i> )

### STUDENT RACE AND ETHNICITY DATA

*The school district is required by state & federal law to ask the following two questions concerning race and ethnicity. Please answer the following questions.*

❖ Is this student Hispanic or Latino?

Yes, Hispanic or Latino      No, neither Hispanic nor Latino

❖ Select **one or more** of the following categories that apply to this person (**you must select at least one**):

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

### STUDENT LANGUAGE SURVEY

	YES	NO	COMMENTS
1. Is a language other than English spoken in the home on a regular basis? (If yes, please indicate language.)	<input type="checkbox"/>	<input type="checkbox"/>	Language :
2. Does the student use a language other than English on a regular basis? (If yes, please indicate language.)	<input type="checkbox"/>	<input type="checkbox"/>	Language :
3. Is the student currently receiving “English Language Learner” services?	<input type="checkbox"/>	<input type="checkbox"/>	
4. As a Parent/Guardian, do you require communication in a language other than English? (If yes, please indicate language. Communication in foreign language is not guaranteed.)	<input type="checkbox"/>	<input type="checkbox"/>	Language :

### STUDENT SPECIAL NEEDS

	YES	NO	COMMENTS
1. Does the student currently receive “special education” services?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has the student been evaluated for “special education” services?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the student currently receive “504 accommodations”?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Does the student currently receive any other special services?	<input type="checkbox"/>	<input type="checkbox"/>	



SCHOOL DISTRICT OF BELLEVILLE  
 DISTRICT OFFICE – 625 W CHURCH STREET, BELLEVILLE, WI 53508  
 PHONE 608.424.3315 FAX 608.424.3486  
 WWW.BELLEVILLE.K12.WI.US

## NEW STUDENT ENROLLMENT FORM

STUDENT HEALTH CONCERNS			
	YES	NO	COMMENTS/EXPLANATION
1. Does the student have vision difficulty? (If yes, explain.)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the student have hearing difficulty? (If yes, explain.)	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the student have asthma? (If yes, explain.)	<input type="checkbox"/>	<input type="checkbox"/>	
4. Does the student have an inhaler at school? (If yes, explain.)	<input type="checkbox"/>	<input type="checkbox"/>	
5. Does the student carry an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Does the student have allergies? (If yes, explain.)	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is an epi-pen prescribed?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does the student have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Has the student ever had a seizure? (If yes, explain.)	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is there medication to be required at school? (If yes, explain.)	<input type="checkbox"/>	<input type="checkbox"/>	
11. Are there other health concerns the school should be aware of? (If yes, explain.)	<input type="checkbox"/>	<input type="checkbox"/>	
EXPULSIONS			
	YES	NO	COMMENTS/EXPLANATION
Has your child been expelled from another school district or is your child the subject of any pending expulsion proceedings in another school district?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please explain:
SIGNATURE REQUIRED			
<p><b>I agree that the information provided herein is complete and accurate. I understand that this information is being used by the School District of Belleville for the purposes of enrolling my child. I understand that incomplete or inaccurate information may delay, prevent or invalidate my child's enrollment in school. I agree to promptly inform the school district of any changes in this information, including any changes in the residency of my child.</b></p>			
SIGNATURE OF PARENT/LEGAL GAURDIAN:		DATE SIGNED:	

OFFICE USE ONLY	
<input type="checkbox"/> Building Secretary  <input type="checkbox"/> School Counselor  <input type="checkbox"/> District Nurse	<input type="checkbox"/> Principal/Associate Principal  <input type="checkbox"/> Special Ed Director (504/EEN)  <input type="checkbox"/> TAG Coordinator



## NEW STUDENT ENROLLMENT FORM

Complete page 3, only 1 per family.

PRIMARY GUARDIAN HOUSEHOLD INFORMATION					
Household Address	Apt	City	State	ZIP	
Household Phone	Tax/Municipality ( <i>if known</i> )		District Boundary Schools ( <i>if known</i> )		
*Adult Guardian Last Name	Adult Guardian First Name	Middle Name	Relationship		
Email Address		Date of Birth	Cell Phone		
Work Place		Work Phone			
*Adult Guardian Last Name	Adult Guardian First Name	Middle Name	Relationship		
Email Address		Cell Phone			
Work Place		Work Phone		*If <b>not</b> legal guardian, to be used as Emergency Contact? YES <i>or</i> NO	
Sibling Last Name	Sibling First Name	Sibling Middle Name	Birth Date	Grade	Gender
Sibling Last Name	Sibling First Name	Sibling Middle Name	Birth Date	Grade	Gender
Sibling Last Name	Sibling First Name	Sibling Middle Name	Birth Date	Grade	Gender
SECONDARY GUARDIAN HOUSEHOLD INFORMATION ( <i>if Applicable, only fill out if other guardian lives outside of the Primary Home</i> )					
Household Address	Apt	City	State	ZIP	
Household Phone	Household Email Address				
*Adult Guardian Last Name	Adult Guardian First Name	Middle Name	Relationship		
Email Address			Date of Birth		
Work Phone	Cell Phone		Work Place		
*Adult Guardian Last Name	Adult Guardian First Name	Middle Name	Relationship		
Work Phone	Cell Phone		Email Address	*If <b>not</b> legal guardian, to be used as Emergency Contact? YES <i>or</i> NO	



SCHOOL DISTRICT OF BELLEVILLE  
 DISTRICT OFFICE – 625 W CHURCH STREET, BELLEVILLE, WI 53508  
 PHONE 608.424.3315 FAX 608.424.3486  
 WWW.BELLEVILLE.K12.WI.US

## NEW STUDENT ENROLLMENT FORM

Complete page 4, only 1 per family.

PRIMARY EMERGENCY CONTACT INFORMATION - OTHER THAN PARENT/GUARDIAN				
Address		Apt # (if applicable)	City	State, Zip
Emergency Contact Last Name	Emergency Contact First Name	Middle Name	Relationship	
Phone	Cell Phone	Gender M or F	Permission to Pick-up student YES or NO	
Work Place		Work Phone		
SECONDARY EMERGENCY CONTACT INFORMATION - OTHER THAN PARENT/GUARDIAN				
Address		Apt # (if applicable)	City	State, Zip
Emergency Contact Last Name	Emergency Contact First Name	Middle Name	Relationship	
Phone	Cell Phone	Gender M or F	Permission to Pick-up student YES or NO	
Work Place		Work Phone		