



SCHOOL DISTRICT OF BELLEVILLE  
 DISTRICT OFFICE – 625 W CHURCH STREET, BELLEVILLE, WI 53508  
 PHONE 608.835.6120 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.)			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?			
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?			
2. Has the student been evaluated for “special education” services?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the student currently receive “504 accommodations”?			
4. Does the student currently receive any other special services?	<input type="checkbox"/>	<input type="checkbox"/>	



## NEW STUDENT ENROLLMENT FORM

STUDENT HEALTH CONCERNS			
	YES	NO	COMMENTS/EXPLANATION
1. Does the student have vision difficulty? (If yes, explain.)			
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.)			
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?			
6. Does the student have allergies? (If yes, explain.)	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is an epi-pen prescribed?			
8. Does the student have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Has the student ever had a seizure? (If yes, explain.)			
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.)			
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



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## 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 (if known)		District Boundary Schools (if known)	
*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 not legal guardian, to be used as Emergency Contact? YES or 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 (If Applicable, only fill out if other guardian lives outside of the Primary Home)					
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 not legal guardian, to be used as Emergency Contact? YES or NO	



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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	



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## TRANSFER OF RECORDS REQUEST

{Wis. State Statute 118.125(4)}

BSD STUDENT INFORMATION:		
STUDENT LAST NAME:	STUDENT FIRST NAME:	DATE OF BIRTH:
ADDRESS:	CITY, STATE, ZIP:	OCCUPANCY DATE:
DATE OF ENROLLMENT IN BSD:	SCHOOL OF ATTENDANCE IN BSD:	GRADE / SCHOOL YEAR:
PREVIOUS SCHOOL TO OBTAIN RECORDS FROM:		
SCHOOL NAME:	SCHOOL DISTRICT:	
SCHOOL ADDRESS:	SCHOOL CITY, STATE, ZIP	
SCHOOL PHONE NUMBER:	SCHOOL FAX NUMBER:	
RECORDS REQUESTING FROM PREVIOUS SCHOOL		
<input checked="" type="checkbox"/> BEHAVIORAL RECORDS {118.125(1)(a)}	<input checked="" type="checkbox"/> PROGRESS RECORDS {118.125(1)(cm)}	
<input checked="" type="checkbox"/> PROGRESS RECORDS {118.125(1)(c)}	<input checked="" type="checkbox"/> HEALTH RECORDS AND IMMUNIZATIONS	
ADDITIONAL RECORDS REQUESTED, IF APPLICABLE		
<input checked="" type="checkbox"/> GRADES IN PROGRESS	<input checked="" type="checkbox"/> CREDITS REQUIRED FOR GRADUATION	
<input checked="" type="checkbox"/> GRADING SCALE USED	<input checked="" type="checkbox"/> WIAA ATHLETIC PERMIT CARD	
CURRENT IEP, LAST EVALUATION, CONSENT FOR EVALUATION AND CONSENT FOR PLACEMENT	<input checked="" type="checkbox"/> WIAA ELIGIBILITY VERIFICATION	
SIGNATURE OF PARENT/GUARDIAN (not required)		
Signature of Parent / Legal Guardian: _____ Date Signed: _____		
SIGNATURE OF SCHOOL DISTRICT OF BELLEVILLE EMPLOYEE REQUESTING RECORDS		



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Signature:		Date Signed:
SEND RECORDS TO (CHECK ONE):		

**BELLEVILLE ELEMENTARY SCHOOL**

**GRADES 4K-6**

101 South Grant Street Belleville, WI 53508

FAX: (608) 424-1687 PHONE: (608) 424-3337 ATTN: Building Secretary

**BELLEVILLE MIDDLE/HIGH SCHOOL**

**GRADES 7-12**

635 West Church Street

Belleville, WI 53508

FAX: (608) 424-3692 PHONE: (608) 424-1902 ATTN: Building Secretary



## School District of Belleville Home Language Survey

**Purpose:** The information on this form helps us identify students who may need help to develop the English language skills necessary for success in school. Language testing may be necessary to determine if language supports are needed by your child.

Answers will not be used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of the services offered to your child.

Student Last Name		Student First Name		Student Middle Name
Date of Birth	Grade	District	District ID	School
		Belleville	0350	

Parent/Guardian Last Name	Parent/Guardian First Name	Relationship
Parent/Guardian Signature		

Parent/Guardian Last Name	Parent/Guardian First Name	Relationship
Parent/Guardian Signature		

**Parental Preference for languages used for school communications (may be multiple)**

Parent Name	Oral Communication	Written Communication	Interpreter Needed for Teacher Conferences & School Meetings
			Yes    No
			Yes    No



**FOR OFFICE USE ONLY**

**Results** (circle one)      SCREEN              DO NOT SCREEN

**Languages other than English used by student, if identified:**

Home Language Survey Administered By:	Position	Date Administered

**OVER →**

**1. Was the first language used by this student English?**

YES – go to question 2  
NO – go to question 3

**2. When at home, does this student hear or use a language other than English more than half of the time?**

YES – go to question 3  
NO – not eligible for ELP screening. STOP here. Form complete.

**3. When interacting with their parents or guardians, does this student hear or use a language other than English more than half of the time?**

YES – Language(s): \_\_\_\_\_ **STOP here. Form complete.**  
NO – go to question 4

**4. When interacting with caregivers other than their parents or guardians, does this student hear or use a language other than English more than half of the time?**

YES – Language(s): \_\_\_\_\_ **STOP here. Form complete.**  
NO – go to question 5





5. When interacting with their siblings or other children in their home, does this student hear or use a language other than English more than half of the time?

YES – Language(s): \_\_\_\_\_ STOP here. Form complete.  
NO – go to question 6

6. Is this student a Native American, Native Alaskan, or Native Hawaiian?

YES – go to question 7  
NO – go to question 8

7. Is this student's language influenced by a Tribal language through a parent, grandparent, relative, or guardian?

YES – Language(s): \_\_\_\_\_ STOP here. Form complete.  
NO – go to question 8

8. Has this student recently moved from another district where they were identified as an English Learner?

YES – Rescreen the student if they meet the criteria for rescreening. Otherwise, student's ELP should be carried over from the previous district.  
NO – Not eligible for ELP screening.