



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"/>	



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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			
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.			
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 (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	
<input checked="" type="checkbox"/> 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		
Signature: ➤		Date Signed:
SEND RECORDS TO (CHECK ONE):		
<input type="checkbox"/> BELLEVILLE ELEMENTARY SCHOOL GRADES 4K-1 237 West Pearl Street Belleville, WI 53508 FAX: (608) 424-1687 PHONE: (608) 424-3337 ATTN: Building Secretary	<input type="checkbox"/> BELLEVILLE INTERMEDIATE SCHOOL GRADES 2-6 101 South Grant Street Belleville, WI 53508 FAX: (608) 424-1409 PHONE: (608) 424-3371 ATTN: Building Secretary	<input type="checkbox"/> 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