



# Bellflower Unified School District

## Student Registration

Complete these forms online or use black/blue ink. Print on white paper.

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Appointment Date (if applicable): \_\_\_\_\_ Time: \_\_\_\_\_

### Our Mission

The mission of the Bellflower Unified School District is to provide the pathway for all students to attain the expertise and develop skills of academic excellence that will empower them to:

- \* Become lifelong active learners
- \* Demonstrate respect for themselves and others in a dynamic, diverse and global society
- \* Become responsible, informed, productive, independent and contributing citizens
- \* Perform successfully in their chosen field and in society

Dear Parent/Guardian,  
 We are here to assist you in enrolling your student, please refer to this packet for the required registration documents. If you need additional assistance, contact your school office.

## Standard of Excellence; Nothing Less in Bellflower Schools!

### Please mark your school of residence:

Student must register for TK at their designated school.

#### Elementary Schools

- Baxter (562) 531-1602     Foster (562) 804-6518     ILC (562) 804-6513
- Jefferson (562) 804-6521     Lindstrom (562) 804-6525     Pyle (562) 804-6528
- Ramona (562) 804-6532     Washington (562) 804-6535     Williams (562) 804-6540
- Woodruff (562) 804-6545

#### Middle and High Schools

- Bellflower High School (562) 920-1801
- Mayfair High School (562) 925-9981

#### Alternative Education

- Home Education Independent Study Academy (562) 804-6565
- Somerset High School 10-12<sup>th</sup> (562) 804-6548
- Bellflower Alternative Education Center (562) 356-9904

### Registration Requirements:

Child must be 5 years old on or before September 1 of the current school year to attend Kindergarten.

Children born between September 2 and December 2 of the current school year may attend Transitional Kindergarten (TK).

Reside within Bellflower Unified School District boundaries or obtain an approved Inter-District Permit.

To enter into public schools (grades Transitional Kindergarten – 12), all children must have up-to-date immunizations.

### Bring with you:

Immunization record (Doctor verified).  
Polio, DTP, MMR, Hepatitis B, Varicella & Tdap (7-12<sup>th</sup> grade)  
(Check with your doctor or school personnel for doses needed)

Proof of birth (original copy):

Birth certificate (or)

Appointed guardian/s court order.

(Individuals other than parent/guardian must schedule an appointment with Child Welfare & Attendance at (562) 866-9011 ext 2070 to complete a Caregiver's Affidavit Form

Parent/Guardian Identification:

California ID/Driver's License (must have correct address, no brown cards accepted)

Parent/Guardian Current Utility Bill (two of the following):

Utility Notice of Service (valid 30 days)

Electric     Water

Gas

or

Statement of Residence (Available in school office)

Withdrawal slip/transcript (if applicable)

### Complete and return:

- Student Registration Forms (Pages 2 -3)
- Emergency/Medical Information Form (Page 4)
- Receipt of Annual Notifications (Page 5)

### Additional Parent Information (to be provided by school site)

TK-1<sup>st</sup> Grade ONLY – Additional forms

Oral Health Assessment

Report of Health Examination for School Entry

For more information or to download our forms

visit our website at [www.busd.k12.ca.us](http://www.busd.k12.ca.us)



## Bellflower Unified School District Student Registration

Student Legal Last Name		Student Legal First Name			Student Legal Middle Name		
Birth City	Birth State	Birth Country	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Date of Birth	Grade	
Residence Address			Apt#	City		State	Zip Code
Parent/Guardian Last Name		First Name	Home Phone		Cell Phone		Work Phone
Parent/Guardian Last Name		First Name	Home Phone		Cell Phone		Work Phone
E-mail Address							

**What is your student's ethnicity? (Please check one):**  Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)  Not Hispanic or Latino

**What is your student's race? (Check all that apply. Limit 5)**

*The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.*

<input type="checkbox"/> American Indian or Alaskan Native(100) (Persons having origins in any of the original people of North, Central or South America ) <input type="checkbox"/> Chinese (201) <input type="checkbox"/> Japanese (202) <input type="checkbox"/> Korean (203) <input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Asian Indian(205) <input type="checkbox"/> Laotian (206) <input type="checkbox"/> Cambodian (207) <input type="checkbox"/> Hmong (208) <input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> Hawaiian (301) <input type="checkbox"/> Guamanian (302) <input type="checkbox"/> Samoan (303) <input type="checkbox"/> Tahitian (304) <input type="checkbox"/> Other Pacific Islander (399)	<input type="checkbox"/> Filipino/Filipino American (400) <input type="checkbox"/> African American or Black (600) <input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) Intentionally left blank (900)
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**School History: Has your student ever attended Bellflower schools before?**  Yes  No List most recent schools attended below:

School	Address/City/State/Zip	Grade(s)	Date Left

Date/grade student first attended school in the U.S.: Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Date/grade student first attended school in California: Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Has your student ever been: Suspended?  Yes  No Expelled?  Yes  No Is your student on probation?  Yes  No

**Home Language Survey: Indicate only one language (most frequently used) per line:**

1. What language/dialect did your student learn when he/she began to talk? \_\_\_\_\_
2. What language/dialect does your student most frequently speak at home? \_\_\_\_\_
3. What language/dialect do you most frequently speak to your student? \_\_\_\_\_
4. What language/dialect is most spoken by the adults in the home? \_\_\_\_\_

**Specialized Services:**

Are there psychological or confidential reports available from your student's former school?  Yes  No

Does your student have a Section 504 Accommodation Plan?  Yes  No If yes, date: \_\_\_\_\_

Does your student have an Individualized Education Plan? Yes No

What special services has your student received? (Please check all boxes that apply)  None  Adapted Physical Education (APE)

Specialized Academic Instruction circle one (RSP or SDC)  Speech/Language (SL)

Other (Specify) \_\_\_\_\_

Counseling

Remedial Math

Student Success Team (SST)

English Language Development

Remedial Reading

Student Attendance Review Board(SARB)

Gifted and Talented Education (GATE)

Retained (Grade: \_\_\_\_\_) ( Year: \_\_\_\_\_ )

Other (Specify) \_\_\_\_\_

**Office Use Only:**

CALPADS Date Checked \_\_\_\_\_

School Enter Date: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Intitals \_\_\_\_\_

Student Perm ID#: \_\_\_\_\_

SSID#: \_\_\_\_\_ RM # \_\_\_\_\_



## Bellflower Unified School District Student Registration

Student Legal Last Name	Student Legal First Name	Student Legal Middle Name	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth	Grade
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**Residence** – Where is your student and/or family currently living (federally mandated by NCLB)? Check appropriate box:

In a single family permanent residence (house, apartment, condo, mobile home)       In a motel/hotel (09)

Double-up (sharing housing with other families/individuals due to economic hardship or loss) (11)       Unsheltered (car/campsite) (12)

In a shelter or transitional housing program (10)

Other (15) (Specify) \_\_\_\_\_

**Parent/Guardianship Information (with whom the student lives) – Check all that apply:**

Father     Mother     Step-Father     Step-Mother     Court Appointed Guardian     District Authorized Guardian

Caregiver     Foster Parent     Group Home     Other \_\_\_\_\_

Is the above (checked) person (s) the student’s LEGAL guardian?     Yes  No      Is either parent an active member of the military?    Yes; active date: \_\_\_\_\_

If there is a legal custody agreement regarding this student, court order must be on file.      No

Check one:     Joint Custody     Sole Custody     Guardianship     None

**Parent/Guardian Employer Information:**

1.  Father     Step Father/Guardian      Full Name: \_\_\_\_\_  
Employer: \_\_\_\_\_      Work Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_

2.  Mother     Step Mother/Guardian      Full Name: \_\_\_\_\_  
Employer: \_\_\_\_\_      Work Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_

**Duplicate Mailing** – If divorced/separated and joint custody allows duplicate mailing/information to be given to other parent, include their name, address, and phone number.

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Parent Education** – Check the response that describes the education level of:

<p><b><u>Mother/Guardian</u></b></p> <p><input type="checkbox"/> Graduate Degree or Higher (5)</p> <p><input type="checkbox"/> College Graduate (4) (4 year college or university)</p> <p><input type="checkbox"/> Some College or Associate’s Degree (3)</p> <p><input type="checkbox"/> High School Graduate (2)</p> <p><input type="checkbox"/> Not a High School Graduate (1)</p>	<p><b><u>Father/Guardian</u></b></p> <p><input type="checkbox"/> Graduate Degree or Higher (5)</p> <p><input type="checkbox"/> College Graduate (4) (4 year college or university)</p> <p><input type="checkbox"/> Some College or Associate’s Degree (3)</p> <p><input type="checkbox"/> High School Graduate (2)</p> <p><input type="checkbox"/> Not a High School Graduate (1)</p>
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**Residency Verification:**

To the Board of Education:

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, swear under penalty of perjury that the foregoing is true and correct. We reside at the address indicated on page 2 of the registration packet. I understand that three (3) or more home visits may be made at the discretion of the school by school site or District staff to verify residency. If residency cannot be established at the given address and I have not provided the required documents, my child will be immediately disenrolled. I further understand that I may be held liable for the costs incurred by the District to educate my child if the information is false. I agree to notify the school within five (5) business days should my residence change.

Signature of Parent/Legal Guardian.

**(Do not sign this form if any of the statements are incorrect. This form must be signed in presence of office staff)**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only:</b>	<b>STUDENT INFORMATION VERIFICATION:</b> <input type="checkbox"/> Immunization Record <input type="checkbox"/> Proof of Birth <input type="checkbox"/> Photo Identification	<b>PARENT INFORMATION VERIFICATION:</b> <input type="checkbox"/> Current Utility Bill <input type="checkbox"/> Statement of Residence <input type="checkbox"/> Temporary Residency Affidavit	<b>RESIDENCY VERIFICATION:</b> Information Verified by: _____ Date: _____ Data Entered by: _____ Date: _____ Records Requested by: _____ Date: _____
Extension: <input type="checkbox"/> 30 days Pending Documents: _____	<input type="checkbox"/> Intra-District Permit (lives within BUSD boundaries) <input type="checkbox"/> Inter-District Permit (lives outside BUSD boundaries) D.O.R. _____		

Permanent Record  
(File in cum folder)



# Bellflower Unified School District Emergency/Medical Information

Student Legal Last Name		Student Legal First Name		Student Legal Middle Name		<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth	Grade
Residence Address			Apt #	City		State CA	Zip Code	Student Email
Parent Last Name	First Name	<input type="checkbox"/> Mother <input type="checkbox"/> Father	Home Phone	Cell Phone	Work Phone	Email		
Contact allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Educational Rights: <input type="checkbox"/> Yes <input type="checkbox"/> No		Has Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No		Lives with: <input type="checkbox"/> Yes <input type="checkbox"/> No		Mailing allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent Last Name	First Name	<input type="checkbox"/> Mother <input type="checkbox"/> Father	Home Phone	Cell Phone	Work Phone	Email		
Contact allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Educational Rights: <input type="checkbox"/> Yes <input type="checkbox"/> No		Has Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No		Lives with: <input type="checkbox"/> Yes <input type="checkbox"/> No		Mailing allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Legal Guardian Last Name	First Name	Home Phone		Cell Phone	Work Phone	Email		
<input type="checkbox"/> Step Father		<input type="checkbox"/> Step Mother		<input type="checkbox"/> Court Appointed Guardian		<input type="checkbox"/> District Authorized Guardian		<input type="checkbox"/> Caregiver
						<input type="checkbox"/> Foster Parent		<input type="checkbox"/> Group Home

### IN CASE OF EMERGENCY: Names of persons who can assume temporary responsibility.

Name	Relationship	Home Phone	Work Phone	Other phone
Name	Relationship	Home Phone	Work Phone	Other phone
Name	Relationship	Home Phone	Work Phone	Other phone
Out of State Emergency Contact Person			Out of State Emergency Phone Number	

List person(s) who may not take your student from school:  Yes  No  
 Is there a court order?  Yes  No

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Does your student attend a **before** school program?  Yes  No Name of program: \_\_\_\_\_  
 Does your student attend an **after** school program?  Yes  No Name of program: \_\_\_\_\_

Number of children in the family (include children not attending school): \_\_\_\_\_ List school age brothers and sisters below:

Name: _____	DOB: _____	School: _____	Grade: _____	Name: _____	DOB: _____	School: _____
Name: _____	DOB: _____	School: _____	Grade: _____	Name: _____	DOB: _____	School: _____
Name: _____	DOB: _____	School: _____	Grade: _____	Name: _____	DOB: _____	School: _____

Please check the appropriate box, if any, of the the following that apply to the student and give a brief explanation in the space provided below. List all health conditions including those from previous years. Please notify the school office at your student's school of any changes in your student's health condition or change of medication.

- |                                    |  |   |   |   |   |
|------------------------------------|--|---|---|---|---|
| <input type="checkbox"/> ADD/ADHD  | <input type="checkbox"/> Blood Disorders | <input type="checkbox"/> Glasses/Contacts | <input type="checkbox"/> Migraines              | <input type="checkbox"/> Serious Accident   | <input type="checkbox"/> No known health problems |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Psychological Disorder | <input type="checkbox"/> Surgery            | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Asthma    | <input type="checkbox"/> Disabilities    | <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Seizures               | <input type="checkbox"/> Special Diet _____ |   |

Explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List relevant medical history: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ALL MEDICATIONS OR INHALERS GIVEN AT SCHOOL (prescribed or over the counter) REQUIRE AN AUTHORIZATION FOR ANY MEDICATION TAKEN DURING SCHOOL HOURS FORM WHICH MUST BE RENEWED ANNUALLY OR WHEN CHANGING MEDICATION, DOSE, TIME OR ROUTE. (Forms available in school office)**

**Medical Information** (Check all that apply)

Is your student currently taking any medication at home?  Yes  No List name and dose: \_\_\_\_\_  
 Does your student currently need any medication at school?  Yes  No List name and dose: \_\_\_\_\_  
 Has your student had an allergic reaction to the following:  None  Nuts  Insect stings  Explain: \_\_\_\_\_  
 Epinephrine Injection (Epipen)?  Yes  No  
 List any other restrictions your student has: \_\_\_\_\_

Do you currently have health insurance?  Yes  No Do you currently have Medi-Cal?  Yes  No Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I, the undersigned parent/guardian, give my consent for the above named student to be released to me or my spouse or to the friend/relative I have so designated and/or to be taken by ambulance to the nearest hospital in case of emergency. I understand that Bellflower Unified School District does not provide accident medical/dental coverage for students for injuries/illnesses occurring at school. I understand that I may voluntarily purchase a student accident insurance plan. I further acknowledge that I am financially responsible for medical, dental, ambulance, or other health care expenses or transportation of my student, which might occur as a result of such illness or injury.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Review immediately for medical alerts/legal notifications. Add/revise in Aeries and file in office.**



## Bellflower Unified School District

### Receipt of Annual Notification/Parent Signature Page

Student Legal Last Name	Student Legal First Name	Student Legal Middle Name	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth	Grade
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Dear Parent/Guardian,

The Bellflower Unified School District Annual Notifications for parents and students is now available online at [www.busd.k12.ca.us](http://www.busd.k12.ca.us). If you would like to request a copy of the Annual Notification handbook, it is also available in your school office. Read and review this information with your child, sign and initial where indicated. **Return this form to your child's school.**

**Parent Permission to Video/Photograph Students:**

\_\_\_\_\_ Parent Initial

I hereby **grant**  I hereby **deny** permission for my student to be filmed, videotaped, and/or photographed for public information and instructional purposes for the Bellflower Unified School District. I understand that the above named student's photograph or other visual images may be reproduced in a newspaper, film, District or school web site or videotape for public viewing in connection with this request. Videotapes and/or photographs may be used, but are not limited to for lessons for students, professional development for teachers, local community TV stations or access cable TV programs, presentations to parent and community groups, school and district brochures, newsletters and other publications, District or school web sites, television, newspapers, or magazines to accompany a report about the school, District or employees.

As a condition of voluntary participation, I agree to waive all claims against Bellflower Unified School District and to indemnify and hold District, its Board, officers, agents, and employees harmless from any and all liability or claims, demands, losses, causes of action, suits or judgments of any kind resulting from the use of the above named student's photograph, videotape, and/or film. This waiver shall not apply to solely negligent acts of the District.

**Network and Internet Acceptable Use Agreement**

**Student**

\_\_\_\_\_ Parent Initial

I have read and understand and will abide by the Network and Internet Acceptable Use Agreement and will immediately report to school officials, any violation of this agreement, which may come to my knowledge. I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action.

**Parent/Guardian**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As the parent or guardian of this student, I have read the Network and Internet Acceptable Use Agreement. I understand that this access is designed solely for educational purposes. I recognize that it is impossible for Bellflower Unified School District to restrict access to all controversial materials and I will not hold the District or its employees responsible for materials acquired on the network. I agree to report any misuse of the information system to the principal.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Directory Information:**

\_\_\_\_\_ Parent Initial

Bellflower Unified School District Regulation Policy 5125.1 – Directory Information, in accordance with State and Federal regulations provides for the disclosure of appropriately designated "directory information" to a person, agency, or organization with a legitimate need or interest in the information without written parental consent, unless you have advised the District to the contrary in accordance with District procedures. The District defines directory information as one or more of the following:

- Student's name
- Student's address
- Student's telephone number
- Student's electronic mail address
- Sport activity sheets, such as for wrestling, showing weight and height of team members
- A playbill, showing your student's role in a drama production

The primary purpose of directory information is to allow the District to include this type of information in certain publications. These publications include:

- Yearbook, including picture
- Honor roll or other recognition lists
- Graduation programs
- Date and place of birth
- Major field of study
- Participation in officially recognized activities
- Weight and height of members of athletic teams
- Dates of attendance
- Diplomas and awards received
- Most recent previous school attended

Directory information can also be disclosed to outside organizations including, but are not limited to, companies that manufacture class rings or publish yearbooks. Two Federal laws require districts receiving assistance under the Elementary and Secondary Education Act of 1965 to provide **military recruiters**, upon request, with three directory information categories – names, address and telephone listings – unless parents have advised the District that they do not want their student's information disclosed without their prior written consent.

If you **do not** want the District to disclose directory information from your child's education records without your prior written consent, you must notify your school site in writing within **five** days of receiving this notice or upon registration.

**Blackboard**

The Bellflower Unified School District utilizes Blackboard to send messages to parents for a variety of reasons including; absences, school and district wide reminders, lunch account balances, teacher messages, and emergency information. Contact phone number: \_\_\_\_\_ \* If this is a cell phone, I understand that I may be charged for calls or texts sent to this number. Cell phone number: \_\_\_\_\_

Preferred correspondence language: English Spanish Email address: \_\_\_\_\_

**Annual Notifications**

I have read and understand the Bellflower Unified School District Parent Rights and Responsibilities. My signature below acknowledges the receipt of this flyer and that I have been informed of my rights as required by Education Code. It does not indicate that consent to participate in any particular program has either been given or withheld, unless specified.

Parent/Guardian Name (print): \_\_\_\_\_ Parent/Guardian Signature : \_\_\_\_\_ Date: \_\_\_\_\_

A copy of the above notifications can be found in your Annual Guidelines for Parent and Students.