



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>Mother/Guardian</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>Father/Guardian</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: _____

Office Use Only:	STUDENT INFORMATION VERIFICATION: <input type="checkbox"/> Immunization Record <input type="checkbox"/> Proof of Birth <input type="checkbox"/> Photo Identification	PARENT INFORMATION VERIFICATION: <input type="checkbox"/> Current Utility Bill <input type="checkbox"/> Statement of Residence <input type="checkbox"/> Temporary Residency Affidavit	RESIDENCY VERIFICATION: 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. 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 Annual Notifications. 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 Notifications for Parent and Students.