

**BELMONT COMMUNITY SCHOOL DISTRICT**

**Parents: Please complete both sides and sign this form. If you have more than one child to enroll, you may fill out one form by listing all students below or on a separate piece of paper and then attach it to this form. Please be sure that each child listed has their full name, grade, birth date, and health information included.**

**Family's Last Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Name of Parent One:** \_\_\_\_\_  
**First**                      **Middle**                      **Last**  
**Cell:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Name of Parent Two:** \_\_\_\_\_  
**First**                      **Middle**                      **Last**  
**Cell:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Marital Status: Married** \_\_\_\_\_ **Single** \_\_\_\_\_ **Divorced** \_\_\_\_\_  
**Is either parent not living with the child?** \_\_\_\_\_ **If yes, which parent?** \_\_\_\_\_  
**If a custody order or any other legal document governing custody or guardianship of your child exists, a copy is requested for your child's records.**  
**Does your child require a duplicate set of report cards?** \_\_\_\_\_  
**Name and Address that duplicate report cards should be mailed to.** \_\_\_\_\_

**Student 1:** \_\_\_\_\_ **Sex:** \_\_\_\_\_  
**Name**                      **First**                      **Middle**                      **Last**

**Grade:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_ **Place:** \_\_\_\_\_ (City and State)  
**Social Security Number:** \_\_\_\_\_

**Ethnicity: Is the student Hispanic, Latino or Non-Hispanic**  
**Select one or more of the categories that apply to this student: American Indian or Alaska Native; Asian; African American; Native Hawaiian or other Pacific Islander; White**

**Health Information: Please list any unusual health condition your child has. Indicate if your child has diabetes, heart problems, asthma, convulsive seizures, allergies, and any other medication that he/she is taking regularly – either at home or at school (such as inhalers for asthma).**

**Student 2:** \_\_\_\_\_ **Sex:** \_\_\_\_\_  
**Name:**                      **First**                      **Middle**                      **Last**

**Grade:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_ **Place:** \_\_\_\_\_ (City and State)  
**Social Security Number:** \_\_\_\_\_

**Ethnicity: Is the student Hispanic, Latino or Non-Hispanic**  
**Select one or more of the categories that apply to this student: American Indian or Alaska Native; Asian; African American; Native Hawaiian or other Pacific Islander; White**  
**Health Information:**

Student 3: \_\_\_\_\_ Sex: \_\_\_\_\_  
Name: First Middle Last  
Grade: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Place: \_\_\_\_\_ (City & State)  
Social Security Number: \_\_\_\_\_

**Ethnicity: Is the student Hispanic, Latino or Non-Hispanic**  
Select one or more of the categories that apply to this student: American Indian or Alaska Native;  
Asian; African American Native Hawaiian or other Pacific Islander; White  
**Health Information:**  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Numbers: Please list who we should call if we are unable to reach you and your child is ill or injured:**

<u>Name:</u>	<u>Relationship (to child(ren))</u>	<u>Phone No.:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

If no one can be reached immediately, does the school have permission to take your child to the nearest medical facility for treatment? \_\_\_Yes \_\_\_No  
If no, what course should be taken? \_\_\_\_\_  
\_\_\_\_\_

Does the school nurse have your permission to view your child's health record if the need arises?  
\_\_\_Yes \_\_\_No

My child has permission to participate in the weekly fluoride mouth rinse provided at school. (1-5 grades only) \_\_\_\_\_ YES \_\_\_\_\_ NO

Please list younger children and birth dates (for our census records):

\_\_\_\_\_  
\_\_\_\_\_

Will your pre-k/kindergarten child be picked up or dropped off at a location different than home?  
\_\_\_Yes \_\_\_No If yes, what is the address: \_\_\_\_\_  
\_\_\_\_\_

To receive e-mail notifications regarding lunch balances and/or student grades please provide your email address \_\_\_\_\_

Thank you for your cooperation in helping us keep our records current.

\_\_\_\_\_  
**Parent/Guardian's Signature** **Date**



# Home Language Survey

FOR STAFF COMPLETION TO BE COMPLETED FOR ALL NEW STUDENTS			
ESL File Opened <input type="checkbox"/> Yes <input type="checkbox"/> No	ESL Test Date	Today's Date	Test
ESL Evaluator		ESL Level	Placement

PARENT/GUARDIAN HOME LANGUAGE SURVEY	
Student's Name	Grade

Relationship of Person Completing Survey

Mother   
  Father   
  Guardian   
  Other *Specify*

**Directions:** Check the correct response for each of the following questions and indicate other languages if appropriate

	English	Other	Other Language(s)
1. What language did the child learn when she or he first began to talk?	<input type="checkbox"/>	<input type="checkbox"/>	
2. What language does the family speak at home most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
3. What language does the parent(s) speak to her/his child most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
4. What language does the child speak to her/his parent(s) most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
5. What language does the child hear and understand in the home?	<input type="checkbox"/>	<input type="checkbox"/>	
6. What language does the child speak to her/his brothers/sisters most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
7. What language does the child speak to her/his friends most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Yes</b>	<b>No</b>	
8. Can an adult family member or extended family member speak English?	<input type="checkbox"/>	<input type="checkbox"/>	
Can they read English?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do the parents/guardians request oral and/or written communication from the school to be in English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Written
	If no, in what language		

SIGNATURE	
Signature of Person Completing Survey	Date Signed



