



BELLINGHAM PUBLIC SCHOOLS

Student Registration Form
Middle and High School

Has your child ever attended Bellingham Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide name of school(s) attended:		Dates attended:	
Student Legal Last Name:		Legal First Name:		Legal Middle Name:	
Student Preferred Last Name:		Preferred First Name:		Preferred Middle Name:	
Birthdate(MM/DD/YY)		Grade		Country	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Pref. Gender <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Female	Birthplace: City		State	
<i>If your child was born outside the United States:</i>		Date of Initial Enrollment in US Public School (mm/dd/yy)		Number of Months of K(I)-54.005 (4:T0 g/T.42 26 26 re	

Last Name		First Name		Relationship to Student		
Cell Phone:			Work Phone:			
Email:						
Street Address	Street Address (Include Apt#)			Mailing Address	Street/PO Box#	
	City	State	Zip		City	State
Is there a joint custody or parenting plan in effect?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Attached (If yes, copy must be on file with school)		
Is there a restraining order in effect?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Attached (If yes, copy must be on file with school)		

