

Beatrice Public Schools  
Registration Form — Student Census/Enrollment Information  
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Student 1D# \_\_\_\_\_ Date of Enrollment \_\_\_\_\_ Teacher/Counselor \_\_\_\_\_  
Room \_\_\_\_\_  
Session  AM  PM

**Student Census/Enrollment Information**

Please print

Student's Full Legal Name: \_\_\_\_\_  
Last First Middle  
Grade: \_\_\_\_ Gender: M  F  Social Security # \_\_\_\_\_ Birth Date: \_\_\_\_\_ State/Country of Birth: \_\_\_\_\_  
Month/Day/Year  
Resident Address: \_\_\_\_\_ Apt/Bldg: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Ethnicity**

- American Indian or Alaskan Native *A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.*
- Asian or Pacific Islander *A person having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent.*
- Black (Not of Hispanic Origin) *A person having origins in any of the Black racial groups of Africa.*
- Hispanic *A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.*
- White (Not of Hispanic Origin) *A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.*

**Previous School Information**

Has the student attended another BPS School? Yes  No  School: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

Last School Attended Outside the Beatrice Public Schools Grade: \_\_\_\_\_ Principal \_\_\_\_\_ Counselor \_\_\_\_\_  
School: \_\_\_\_\_ School Year: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Is your child presently under an expulsion order from any other school district? Yes  No

Has the term (time period) of expulsion been completed? Yes  No  If "no" state the reason for the expulsion and the term (time period) of the expulsion \_\_\_\_\_

Is your child presently under consideration for expulsion? Yes  No

Is your child presently involved in the Juvenile Justice system? Yes  No

**ELA Information**

1. Does the student speak a language other than English?  Yes  No (Do not count languages learned in a foreign language class.)
2. What language(s) is spoken in the home by the parent/guardian? \_\_\_\_\_
3. What language(s) does the student speak/understand? \_\_\_\_\_
4. The student speaks:  No English  Some English  Another Language and English Equally  Mostly or Only English
5. Is the student attending the school as a foreign exchange student?  Yes  No

FOR OFFICE USE ONLY: Forward to Student Programs  Yes  No

**Special Services Information**

Is your child receiving special education services? Yes  No

Does your child have a current 504 plan? Yes  No  if yes, please indicate if related to: Academics  Health

Was your child in any Gifted/Talented programs? Yes  No  if yes, please list \_\_\_\_\_

Does your child have any medical alerts? Yes  No  if yes, please explain on Registration Form page 4.

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