

PHOTO RELEASE Please sign below if you DO NOT want your child's name, image/photo and/or work produced by your child to be published from time to time on the District website, in the District Newsletter, on television, and/or in the newspaper. I understand that I may change this at any time in writing. _____	Bullhead City Schools, Student Registration				BH __ CC __ DV __ DB __ FC __ SR __ (check one)	
	Student's Last Name (Legal)		Student's First Name, Middle		Currently in Foster Care <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address – Number & Street:				Apt. Number (if any)	
	City	State	Zip	Home Phone	Gender M F	Birth Date
	Birth State	Country	Special Programs at Previous School <input type="checkbox"/> Title I <input type="checkbox"/> ELL <input type="checkbox"/> Gifted <input type="checkbox"/> Special Ed. <input type="checkbox"/> 504			
	Mother's Last Name	Mother's First Name	Employer	Occupation	Work Phone	
For OFFICE USE ONLY. Please do not write in the shaded areas below.						
ID# Grade		E-mail address		Emergency/Cell Phone		
SAIS #		Stepparent's Last Name	Stepparent's First	Employer	Occupation Work Phone	
Teacher		Q1: Is your current address a temporary living arrangement? YES / NO Q2: If temporary, is this temporary living arrangement due to the loss of housing or economic hardship? YES / NO				
Entry Date E Code		DO NOT RELEASE TO:		Siblings in BCESD Schools		
#DPT Last DPT		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		What is the primary language used in the home regardless of the language spoken by the student? What is the language most often spoken by the student? What is the language that the student first acquired?		
#Polio Last Polio		Race: (Check one or more) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Amer. Indian/Alaskan Native				
#HepB Last HepB		1 st Emergency Contact (after parent)		Relationship	Phone Number	
#MMR Last MMR		2 nd Emergency Contact		Relationship	Phone Number	
#CPox Last CPox		3 rd Emergency Contact		Relationship	Phone Number	
#HepA Last HepA		Last School Attended: Mailing Address:			Attended Pre-School? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Proof of Res. Yes No	Birth Cert. Yes No	Serious Injuries/Allergies? Specify Glasses/Contacts?		Local Physician:	<i>In case of accidents or serious illness, the school will attempt to contact you. In case of emergency medical attention, EMTs or local physician will be notified.</i>	
IN Bus #	Stop/location	School may dispense: <input type="checkbox"/> Tylenol <input type="checkbox"/> Cough Drop <input type="checkbox"/> Throat Spray <input type="checkbox"/> Other STUDENT MAY NOT TRANSPORT MEDICATION				
OUT Bus #	Stop/location	I HEREBY CERTIFY that I am a resident of BULLHEAD CITY SCHOOL DISTRICT, that I reside in the attendance area specific to this school or otherwise have been granted out of boundary enrollment, and that my student is not currently under suspension or expulsion from any school district. I FURTHER CERTIFY that the information provided is true and correct to the best of my knowledge and belief. I understand that any intentional misrepresentation could result in my student being withdrawn from school.				
Other Transportation		Parent/Guardian Signature:			Date:	
<input type="checkbox"/> Current Military <input type="checkbox"/> Past Military						