| Parent of: | 2021-2022 |
|------------|-----------|

## Bellevue Community Schools Student Information Form

Dear Parent, This is our new student information form. Please review all of the information below and change any information that is incorrect. Also, we are using the parent access module as well this year. Please review the password at the bottom of this page under your contact information. Go to our home page, www.bellevue.k12.ia.us, click on the "Parent" box and enter your last name as the user name and the password listed below. Thank you.

| Your Student's                                       | Advisor:  |  |  |  |  |
|--|---|--|--|--|--|
| Primary Contact                                      |   | Secondary Conta  | Secondary Contact                                    |  |  |
| Туре   | Relation  | Туре   | Relation   |  |  |
| Name   | -   | Name   | <del></del>  |  |  |
| Address  |   | Address  |  |  |  |
| City, State Zip                                      |   | City, State Zip  |  |  |  |
| Home Phone   |   | Home Phone   |  |  |  |
| Work Phone1  |   | Work Phone1  |  |  |  |
| Work Phone2  |   | Work Phone2  |  |  |  |
| Cell Phone1  |   | Cell Phone1  |  |  |  |
| Cell Phone2  |   | Cell Phone2  |  |  |  |
| Email  |   | Email  |  |  |  |
| Password   |   | Password   |  |  |  |
| _  | Student   | -<br>Information   |  |  |  |
| Birthdate  |   | What is the primary  | Language spoken at home?                             |  |  |
| Grade  |   | Gender   |  |  |  |
| Medications  |   | Allergies  |  |  |  |
| Family Doctor  |   | Hospital   |  |  |  |
| Is this student Hispanic/<br>Hawaiian or Other Pacif |   | race: (Please circle) American Indian/Ala<br>Home Language Survey Date | ska Native, Asian, Black or African American, Native |  |  |
| Person authorized to pick<br>Name                    | k your child (ren) up: (Other than thos                 |  |  |  |  |
| nsurance Information: (C                             | tircle One) Private - Medicaid - Hawk-                  | I or None  |  |  |  |
| give my student permiss                              | ion to take: Tylenol - Ibuprofen - None                 | e (Circle) for mild pain and/or discomfort a                           | t school Parent Initial                              |  |  |
|  | Benadryl pill - Hydrocortisc                            | one cream - Antibiotic ointment - Tums                                 |  |  |  |
| give permission to my s                              | tudent to use the internet for education                | onal purposes Parent Initial   |  |  |  |
| Photo/Video Release: I g<br>vebsite, bulletin board  | ive permission for Bellevue Schools t<br>Parent Initial | o photograph/video my child in the promo                               | tion of the school. Example: Newspaper,              |  |  |
| give my permission for                               | my student to walk with a supervisor                    | on field trips when necessary  |  |  |  |
|  | ol records (newsletters, report cards, parer            |  | both parents will have access to such records unless |  |  |

The Bellevue School District provides equal opportunity in programs provided to all students regardless of race, age, color, national origin, gender (sex), sexual orientation, gender identity, marital status, socioeconomic status, disability, religion, or creed. If you have questions or a grievance related to this policy please contact the district's Equity coordinator, Tom Meyer, Superintendent. 1601 State St. Bellevue, IA 52031 563-872-4913