

# Welcome to Bellingham High School!!

Please print off the attached registration materials. Listed below are the steps for registering your student for the 2009-2010 school year.

- Complete all registration materials before coming to your scheduled appointment.
- Please call 360-676-6575 ext. 7110, after August 17<sup>th</sup> to schedule your 30-minute appointment to register for classes. The appointment dates are as follows:

August 27:	afternoon only
August 28:	8:00 am – 2:10 pm
August 31:	8:00 am – 2:10 pm
September 1:	8:00 am – 10:00 am
September 2:	1:00 pm – 2:30 pm
September 3:	1:00 pm – 2:30 pm
- You may access the Course Catalog online (see the BHS main page under “Student Resources”) to help in selecting your classes.
- Bring a copy of a current utility bill or lease agreement when you come to your scheduled appointment.
- For 10 – 12<sup>th</sup> graders: Bring a copy of your transcript to your scheduled appointment.

**There will be no new student appointments on the first day of school.**

# FRESHMEN SCHEDULE REQUESTS

2009-2010 School Year

Name
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1. You will be assigned to your core classes English, Math, Science, World Geography and Tech Connections. Your math placement is based on your performance in middle school.
2. Choose your remaining electives carefully. Some may have a prerequisite. Check your catalog carefully or use the on-line catalog at <http://www.bham.wednet.edu/families/documents/Bellingham09.10.pdf>. Carefully choose alternates for elective courses.
3. You are selecting courses for the entire school year. English, Math, Science, World Language as well as some others, are yearlong while many other elective courses are semester-long.
4. Follow the attached instructions designed for registering on-line in Student Connect. You may select your elective courses prior to the counselors scheduled return. At that time they will confirm your choices.
5. Bring this schedule worksheet when you go to your appointment with your high school counselor.

## 1<sup>st</sup> and 2<sup>nd</sup> SEMESTER

COURSE CODE #	COURSE SELECTIONS	ALTERNATE COURSE CODE #	ALTERNATE COURSE SELECTIONS
<u>ENG101</u>	9 <sup>th</sup> English (yearlong)	<u>Eng101</u>	9 <sup>th</sup> English (yearlong)
<u>HIS101</u>	World Geography	<u>CTB100</u>	Tech Connections
XXXXXXXXX	Mathematics (yearlong)	XXXXXXXXX	Mathematics (yearlong)
XXXXXXXXX	Science (yearlong)	XXXXXXXXX	Science (yearlong)

## 1<sup>st</sup> SEMESTER Two electives and alternates for each semester need to be selected

COURSE CODE #	ELECTIVE COURSES	ALTERNATE COURSE CODE #	ALTERNATE ELECTIVE COURSES
<i>7<sup>th</sup> per or 0 hour</i>			

## 2<sup>nd</sup> SEMESTER

COURSE CODE #	ELECTIVE COURSES	ALTERNATE COURSE CODE #	ALTERNATE ELECTIVE COURSES
<i>7<sup>th</sup> per or 0 hour</i>			

Home Phone: \_\_\_\_\_ Cell Phone if available: \_\_\_\_\_

Please turn this sheet over for the Elective Course Offerings



# JUNIOR SCHEDULE REQUESTS

2009-2010 School Year

Name
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1. Read the "Scheduling Considerations-11<sup>th</sup> Grade" before completing this form.
2. Review course selections for each semester. Fill in the course code and title for each subject. You should include sequenced courses in math, science and world language in your course selections. Please do not drop a sequenced or required course without first discussing it with your parent and counselor.
3. Write in the remaining course selections below. Be sure to include alternates for semester only courses. Choose alternates carefully because your schedule is developed based on these choices.
4. A combination of yearlong courses and semester courses should total six periods for each semester.

## 1st SEMESTER

<u>COURSE CODE #</u>	<u>COURSE SELECTIONS</u>	<u>ALTERNATE COURSE CODE #</u>	<u>ALTERNATE COURSE SELECTIONS</u>
ENG370	Northwest Lit	XXXXXXXXXX	No Alternate
HIS301	World History	XXXXXXXXXX	Year-long
MAT	MATH (recommended)	XXXXXXXXXX	Year-long
7 <sup>th</sup> per or 0 hour			

## 2nd SEMESTER

<u>COURSE CODE #</u>	<u>COURSE SELECTIONS</u>	<u>ALTERNATE COURSE CODE #</u>	<u>ALTERNATE COURSE SELECTIONS</u>
ENG321	American Lit	XXXXXXXXXX	No Alternate
XXXXXXXXXX	World History---Continued	XXXXXXXXXX	Year-long
XXXXXXXXXX	Math-----Continued	XXXXXXXXXX	Year-long
7 <sup>th</sup> per or 0 hour			

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



Please turn this sheet over for the Elective Course Offerings



**SENIOR SCHEDULE REQUESTS**  
2009-2010 School Year

Name
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1. Read the "Scheduling Considerations-Grade 12" sheet carefully.
2. Write in six course selections for each semester. Be sure to **include alternates for semester only courses**. Choose alternates carefully because the master schedule is built from your selections.
3. A combination of yearlong courses and semester courses should total six periods for each semester.
4. Students wishing to waive P.E. must have full schedules both semesters. *PE waivers can't be granted for anyone who has been a TA or who has had an open period or partial schedule.*

**1<sup>ST</sup> SEMESTER**

<u>COURSE</u> <u>CODE #</u>	COURSE SELECTIONS	<u>ALTERNATE</u> <u>COURSE</u> <u>CODE #</u>	ALTERNATE COURSE SELECTIONS
<u>HIS401</u>	<b>Citizenship</b>	XXXXXXXX	<b>No Alternate</b>
	<i>(English Course)</i>		
<i>7<sup>th</sup> per or 0 hour</i>			

**2nd SEMESTER**

<u>COURSE</u> <u>CODE #</u>	COURSE SELECTIONS	<u>ALTERNATE</u> <u>COURSE CODE</u> * -	ALTERNATE COURSE SELECTIONS
<i>7<sup>th</sup> per or 0 hour</i>			

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Bellingham School District No. 501 REGISTRATION FORM (High School)**

**Office Use Only – Please Do Not Write in First Two Rows**

<u>Student Identification Number</u>		<u>Immunizations</u>	<u>Address Verified</u>	<u>Transfer Approval</u>	<u>Resident School</u>	<u>Entry Date</u>
<u>Counselor</u>	<u>Grade</u>	<u>Legal Name Verified</u>	<u>Date Records Requested</u>	<u>Date Records Received</u>	<u>District Entry Date</u>	<u>Health Alert</u> Yes No

**Student Information:**

<u>Student Legal Last Name</u>		<u>Legal First Name</u>		<u>Middle Name</u>	<u>Nickname</u>	
<u>Student Birth Date</u>	<u>Gender</u> Male Female  Grade: _____	<u>Ethnicity</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> Not Provided		<input type="checkbox"/> Black (Not of Hispanic Origin) <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White (Not of Hispanic Origin)	<u>Language Spoken at Home</u>	<u>Student Primary Language</u>
<u>Home Address (school verified per Board policy 3130)</u> <input type="checkbox"/>			<u>City</u>		<u>State</u>	<u>Zip Code</u>
<u>Mailing Address (If Different From Above)</u>			<u>City</u>		<u>State</u>	<u>Zip Code</u>
<u>Home Phone Number:</u>  (Check if Applicable) <input type="checkbox"/> Unlisted <input type="checkbox"/> No Phone <input type="checkbox"/> Message		<u>Student Lives With (Circle One)</u> Both Parents      Joint Custody Mother Only      Father Only Mother/Stepfather      Father/Stepmother      Agency Other		<u>Birth City</u>	<u>Birth State</u>	<u>Birth Country</u>

**Parents/Guardians Living With Student:**

<u>Title</u> Mr Mrs Dr Ms	<u>Parent/Guardian Last Name</u>	<u>Parent/Guardian First Name</u>	<u>Relationship to Student</u>	<u>Work Phone</u>	<u>Home:</u>  <u>Cell:</u>
<u>Title</u> Mr Mrs Dr Ms	<u>Spouse Last Name</u>	<u>Spouse First Name</u>	<u>Relationship to Student</u>	<u>Work Phone</u>	<u>Home:</u>  <u>Cell:</u>
<u>Parent/Guardian Email address #1:</u>			<u>Email address #2:</u>		

**Parents/Guardians Not Living With Student:**

<u>Title</u> Mr Mrs Dr Ms	<u>Parent/Guardian Last Name</u>	<u>Parent/Guardian First Name</u>	<u>Relationship to Student</u>	<u>Work Phone</u>	<u>Home:</u>  <u>Cell:</u>
<u>Title</u> Mr Mrs Dr Ms	<u>Spouse Last Name</u>	<u>Spouse First Name</u>	<u>Relationship to Student</u>	<u>Work Phone</u>	<u>Home:</u>  <u>Cell:</u>
<u>Mailing Address (ONLY to receive School/Student Information)</u>			<u>City</u>	<u>State</u>	<u>Zip Code</u>

**Student Contacts: (Different From Above)**

<u>Emergency Contact #1</u>	<u>Relationship to Student</u>	<u>Home Phone Number</u>	<u>Work Phone Number</u>	<u>Cell:</u>  <u>Other:</u>
<u>Emergency Contact #2</u>	<u>Relationship to Student</u>	<u>Home Phone Number</u>	<u>Work Phone Number</u>	<u>Cell:</u>  <u>Other:</u>
<u>Doctor/Health Care Provider Full Name</u>			<u>Doctor/Health Care Provider Phone Number</u>	

**Continues on back →**

Phone Order (i.e., cell, work, home) to contact parent/guardian in case of a school-wide emergency/closure during school hours (i.e., water main break, etc.)

#1 phone number:	Person/Relationship to student:
#2 phone number:	Person/Relationship to student:
#3 phone number:	Person/Relationship to student:

**Previous School History: Please list each school**

Previous School Name	Previous School Mailing Address	City	State	Zip
Entry Date	Exit Date	School Phone Number	School Fax Number	
Other Schools attended	Entry Date	Exit Date	City	State Zip
Other Schools attended	Entry Date	Exit Date	City	State Zip
Other Schools attended	Entry Date	Exit Date	City	State Zip
Ever Attended a Bellingham School District School? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, School Name			

**Complete ONLY if A Restraining Order Is In Effect (Attach Copy of Restraining Order)**

Last Name	First Name	Relationship to Student	Comments
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Has your student ever repeated a grade?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this your youngest student attending a Bellingham school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was this student in an English Language Learners Program? Is there an English speaker in the household? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give name: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, is there another English speaker who could assist you with school matters? Name: _____ Phone: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has this student taken the WASL or another state standardized test? If yes, indicate school where test was taken: _____ Year test taken? _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has this student ever been in a Specialized Education Program? If yes, does he/she have a current IEP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has this student been suspended or expelled? Date of most recent incident: _____ For weapons or dangerous behavior? Was student returned to school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please check any of the following that apply: Reading Assistance <input type="checkbox"/> Speech, Language Therapy <input type="checkbox"/> Highly Capable Learner <input type="checkbox"/> Indian Education <input type="checkbox"/> 504 Accommodation <input type="checkbox"/> Math Assistance <input type="checkbox"/> Other, please specify: _____		

**I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# ANNUAL STUDENT HEALTH CONCERNS DOCUMENT

The questionnaire is designed to aid school staff in anticipating any health concerns that might affect your student's safety or learning.

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_

## ATTENTION DEFICIT DISORDER:

- Needs medication at school and home **\*see below**
- Medication at home only
- Diagnosed, but not medicated

## BEHAVIOR CONCERNS

- \_\_\_\_\_

## ASTHMA:

- Needs medication at school and home **\*see below**
- Medication at home only

## BEE STING ALLERGY:

- Has a life-threatening health condition and needs medication at school and medical follow-up **\*\*see below**
- Needs oral medication at school and medical follow-up \* see below

## DIABETES:

- Insulin dependent and will need a school program set up
- Not insulin dependent and will need school program set up

## FOOD ALLERGY:

- Has a life-threatening reaction to: \_\_\_\_\_ and needs medication at school and medical follow-up **\*\*see below**
- Mild reaction and needs to avoid: \_\_\_\_\_
- Do you plan for your student to receive school prepared meals? *An additional form must be completed for food substitutions.*

## HEARING CONCERNS:

- History of hearing loss: right ear \_\_\_\_\_ left ear \_\_\_\_\_
- Wears hearing aid in left and/or right ear

## SEIZURES:

- Needs medication at school and home **\*see below**
- Medication at home only
- History of seizures, but not presently medicated

## VISION PROBLEMS:

- Blind in one eye: right eye \_\_\_\_\_ left eye \_\_\_\_\_

## PHYSICAL RESTRICTIONS THAT WOULD LIMIT ACTIVITY:

- Skeletal (bone) limitations: \_\_\_\_\_
- Muscular limitations: \_\_\_\_\_

## OTHER:

- Medication your child needs at school not listed: **\*see below**

## ADDITIONAL HEALTH CONCERNS THAT WOULD AFFECT SCHOOL PERFORMANCE:

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

## DOES YOUR CHILD CURRENTLY HAVE HEALTH INSURANCE? Yes No

- I need, and would like to be contacted about, free or low cost health insurance for my students, including doctor visits, prescriptions, hospital, dental care, eyeglasses and more. Please do not check this box if you already receive Medicaid and get a monthly DSHS green and white card (coupon). For more information, call Whatcom Alliance for Healthcare Access (360) 788-6594.

## \* MEDICATION AT SCHOOL:

If medication is needed at school, you must submit Authorization for Administration of Oral Medication at School, which you can obtain from the school office. This form must be completed by a Licensed Health Care Provider before medication can be given.

## \*\* LIFE-THREATENING CONDITION:

If a life-threatening health condition exists, a medication/treatment order and healthcare plan developed with the school nurse must be in place before the student can attend school. Contact the school office to obtain school nurse contact information, if needed.

## AUTHORIZATION FOR EMERGENCY PROCEDURE

If the parents and Licensed Health Care Provider named on the registration record cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send my child (properly accompanied) to the hospital or Licensed Health Care Provider most easily accessible. I understand that I will assume full responsibility for the payment of any service rendered.

**The above checked health concerns may be shared with school personnel on a "need to know basis."**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BELLINGHAM SCHOOL DISTRICT  
Bellingham, Washington

AFFIDAVIT OF STUDENT RESIDENCE

For the purpose of determining a student's legal residence relative to Bellingham School District's school attendance boundaries, the legal definition of residence reads as follows:

*"WAC 392-137-115 Student residence-Definition. As used in this chapter, the term "student residence" means the physical location of a student's principal abode- i.e., the home, house, apartment, facility, structure, or location, etc. - where the student lives the majority of the time. The following shall be considered in applying this section:*

1. *The mailing address of the student- e.g. parent's address or post office box-may be different than the student's principal abode.*
2. *The student's principal abode may be different than the principal abode of the student's parent(s).*
3. *The lack of a mailing address for a student does not preclude residency under this section.*

I hereby certify, pursuant to the Washington Administrative Code (WAC 392-137-115 Definitions), that:

(Name of student) \_\_\_\_\_

legally resides at \_\_\_\_\_

\_\_\_\_\_

I understand that if it should be determined that the student does not reside at the above listed address, he/she may be transferred to his/her resident school.

\_\_\_\_\_  
Signature of Homeowner/Landlord

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**A copy of a current electric or gas bill with your name and current address must be attached.**