

Career Education Options (CEO)

State Reporting Registration
CEO contact CHSP@bellevuecollege.edu



Bellevue CEO Students are required to self-report the following information for state reporting purposes. The information you provide will be input into a database.

Directions: Please complete this form for state reporting. *If you do not fill out parts of this form, responses will be selected for you.*

NEW STUDENT INFORMATION

Legal Last Name	Legal First Name
Street Address	City and zip code
Mailing Address (if different than above)	City and zip code
Home Phone	Student Cell #
E-mail Address	
Student Email Address	

CITIZENSHIP

City of Birth	State of Birth	Country of birth
U.S Citizen (please check) Yes No		
If you are not a U.S. Citizen, please provide an estimated date you moved to the U.S. (Month, Day, Year - xx/xx/xxxx)*		*# of Months in Non U.S school

SCHOOL DISTRICT INFORMATION

What was the last school you attended?

Which School District do you live in?

STUDENT DEMOGRAPHICS

Date of Birth (Month, day year ex. xx/xx/xxxx)		Gender	Female	Male
			Other (please specify)	

Ethnicity (check all that apply):

Not Hispanic/Latino	Dominican	Cuban
Mexican/Mexican American/Chicano	Spaniard	Puerto Rican
Central American	South American	Latin American
Other Hispanic/Latino		

Race

Black
American Indian or Alaska Native (specify tribe)
White
Asian (specify country)
Pacific Islander (specify country)

For staff use:

Student Lives With
(check all that apply)

Both Parents
Father Only
Mother/Step father
Stepfather or Stepmother
Agency
Other

Mother Only
Father/Stepmother
Grandparents
Guardian
Self

Military Family

U.S. Armed Forces active duty
National Guard Member
More than one member of armed forces/National Guard
No Affiliation
U.S. Armed Forces reserves
Data Not Available
No Response/Refused to state

Language you currently Speak

Language Spoken at home*

Native Language*

A response of language other than English () requires a WELPA Testing Date (please enter date month, day, year - ex: xx/xx/xxxx)

Homelessness

Shelters

Doubled-up

Unsheltered

Hotels/Motels

Not Homeless

Emergency Contact Name _____

Relationship _____ Phone _____

PERSONAL BACKGROUND

Have you graduated from high school? ☐ Yes ☐ No

Did you ever have an IEP or 504 plan? ☐ Yes ☐ No

Disability (learning, physical, or other) ☐ Yes ☐ No

If yes, are you interested in working with Disability Support Services? ☐ Yes ☐ No

VERIFICATION OF INFORMATION

The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment.

Legal Student Name Printed

Signature (print and sign): _____ Date

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