

**BENZIE COUNTY CENTRAL SCHOOLS
ENROLLMENT FORM**

SCHOOL NAME: Circle One Betsie Valley Crystal Lake Lake Ann Platte River MS HS BA

Student Information:

Date: _____

Last Name: _____ First Name _____ Middle _____

Mailing Address: (List PO Box if applicable please) _____

Residence Address: (List street address here please) _____

City _____ Zip _____ County _____

Township: _____ Home Phone: _____ Cell Phone _____

Sex: M F Grade: 9 10 11 12 Birthdate: _____ Age: _____

Birthplace (city & state): _____

Student's Residence is:

_____ Shelter _____ Doubled Up (with one or more family, in a house or apartment)
_____ Motel, car or campground _____ With friends or family members (other than parent or guardian)
_____ Single family dwelling _____ Other Homeless Yes No

Parent Information:

Father's Name: _____ Cell Phone _____

Employer: _____ Work Phone: _____

Mother's Name _____ Cell Phone _____

Employer: _____ Work Phone: _____

EMAIL ADDRESS: _____

Who is child living with? (check one please) Both Parents _____ Mother _____ Father _____

Mother/Stepfather _____ Father/Stepmother _____ Divorced, joint custody _____ Relative _____

Foster Home _____ Court Placed _____ Legal guardian _____

Please list other people living at this residence:

Name	Grade	School

Health Information

Family Doctor: _____ Phone: _____

Please list child's medical condition/allergies: _____

Has your child ever had chickenpox? ____ yes ____ no When _____

Will he/she be taking any medication at school? Yes No If so, what? _____

Note: All medication taken at school must be brought in to school by an adult in the original prescription bottle. A medication form must be filled out and signed by a parent. Thank you!

Is student a non-resident student under court jurisdiction? Yes No
If yes, what is the county of residence? _____

Is this child a Schools of Choice? Yes No

What is your child's native or first language? _____

What is the primary language used in your child's home or living environment? _____

Ethnic Code (Please circle) A. American Indian C. Black E. White
B. Asian D. Hispanic

Has your child been suspended or expelled? Yes No

PARENT SIGNATURE: _____ DATE _____

Previous School Information:

Last School Attended: Name _____

Address _____

City/State/Zip _____ Phone _____

FAX _____

SPECIAL EDUCATION INFORMATION:

Is your child now or ever been in Special Education? Yes No

Is your child on a 504 plan? Yes No

Date of Parental Consent _____ Initial IEP Date _____ Primary Disability _____

