



WELCOME TO BENZIE COUNTY CENTRAL SCHOOLS! WE ARE
HAPPY YOU CHOSE OUR SCHOOL.

STUDENT ENROLLMENT PROCESS

**PLEASE PICK UP AN ENROLLMENT PACKET(S) IN THE MIDDLE
SCHOOL OR HIGH SCHOOL OFFICES OR USE THE
DOWNLOADABLE FORMS ON OUR WEBSITE. FILL OUT ALL
FORMS COMPLETELY. IF YOU HAVE QUESTIONS, PLEASE REACH
OUT AND WE WILL DO OUR BEST TO HELP.**

✦ Return completed forms along with the following items:

Student information:

- Copy of student Birth certificate
- Immunization record if possible
- Withdrawal grades and/or transcript from previous school
- IEP If Special Education | 504 plan if applicable

Parent's/Guardian's information:

- Driver's License
- 2 items to verify residency
- Guardianship papers if applicable

✦ Previous school will then be faxed requesting the following information:

Transcripts
Withdrawal grades
Attendance
Discipline
IEP if Special Education /504 Accommodations

Once this information is available, the counselor will set up a class schedule for your student. The counselor may need to make an appointment to meet with you and your student. The transportation department will notify you of routes and times.

Please allow for the enrollment process to take up to 5 school days. We want to make the best fit for your student and this may take time.

WELCOME TO OUR HUSKY FAMILY!

BENZIE COUNTY CENTRAL SCHOOLS ENROLLMENT FORM

Student NAME: _____

Sex: M____ F____ Grade: Pre K 1 2 3 4 5 6 7 8 9 10 11 12

Previous pre school attended: _____ Was student a part of Dolly Parton

Imagination Library? ____Y ____N Birth date: _____ Age: _____

Address(where student resides): _____

City: _____ County: _____ Zipcode: _____

Preferred Phone (school communications): _____

Mother/Stepmother/Guardian Name: _____

Cell: _____

Mailing Address(if different from above): _____

Email: _____ Employer: _____

Work Phone: _____

Father/Stepfather/Guardian Name: _____

Cell: _____

Mailing Address(if different from above): _____

Email: _____ Employer: _____

Work Phone: _____

Students Residence is: ____ Shelter ____ With one or more family, in a house or apartment

____ In motel, car, or campsite ____ With friends or family(other than parent or guardian)

____ Single family dwelling(house, apartment, etc.) ____ Other _____

____ Homeless (McKinney-Vento Title IX, Part A of Every Student Succeeds Act of 2015)

Is the student a non-resident under court jurisdiction? ____Y ____N

If so, county of residence? _____

Is Student School of Choice? ____Y ____N What district are they coming from? _____

Whom does the student primarily live with? (Custodial parent(s)?, also include siblings names and ages)

Last School Student attended (in person):

Name: _____

Address: _____

City, State, Zip: _____

Is or has your student been in Special Education (or received Special education services prior)?

_____Y _____N
If Yes, category is(IEP, 504, etc.): _____

Is Student up to date on Immunizations? _____Y _____N, (wavier on file? _____)

*****Please note until immunizations are up to date or wavier is on file school can decline enrollment.*****

Please list any unusual medical circumstances we should be aware of: (Including but not limited to inhalers, epi pen, anxiety medications, seizure medications, etc.)

Will student be taking any medication at school on a regular basis? _____Y _____N

If so please list them:

*****All medication taken at school must be brought in to school by an adult in the original prescription bottle. A medication form must also be filled out and signed by parent /guardian.*****

Is Student Hispanic/Latino? _____No, Not Hispanic/Latino _____Yes, Hispanic/Latino

Ethnic Code (if you consider your student multiracial please mark primary as 1 and your secondary number 2):

A - American Indian _____ To which tribal affiliation do they belong: _____ B - Asian _____

C - Black or African American _____ D - Native Hawaiian or Pacific Islander _____

E- White _____

Michigan's Revised Home language survey:

Michigan welcomes families of all language backgrounds. Speaking more than one language is a valuable asset.

Please answer the two questions below. If your response to either question is a language other than English, the school district will give an assessment to see if your student may benefit from English language support.

What language is used most at home? _____

What language is most used by the student? _____

In the event of an accident or serious illness, I hereby request the school to contact me. In the event I can not be reached I ask that the person(s) below are contacted. Should this be impossible I authorize the school to take whatever action they deem necessary on my behalf and accept financial responsibility for any such actions.

My signature allows my consent for my son/daughter to participate in online/virtual courses should it be in their best interest and allows the district to access the Michigan Care Improvement Registry School Immunization Reporting System.

Parent/ Guardian Signature:

Date:_____

Emergency Contacts:

Name:_____

Phone Number:_____

Relationship to student: _____

_____Emergency Contact #1 _____ Emergency Contact #2 _____ Emergency Contact #3

Name:_____

Phone Number:_____

Relationship to student: _____

_____Emergency Contact #1 _____ Emergency Contact #2 _____ Emergency Contact #3