BENZIE COUNTY CENTRAL SCHOOLS ENROLLMENT FORM

| Student's Name: | (First) | (Middle) |
|---|---------------------------------------|-----------------------------|
| | | |
| | | - |
| Birthplace (city & state): | | |
| Student's Social Security #: M | other's Social Security #:_ | (Father's if not available) |
| Address: | et and PO Box if required for mailing | |
| | | |
| City: County: | | Zip: |
| Township: Home Phone: Father/Stepfather/Guardian Name: | Email | |
| Employer: | Work F | Phone: |
| Mother/Stepmother/Guardian Name: | | |
| Employer: | Work I | Phone: |
| Student's Residence is: Shelter With one or more family, in a house or apartment In a motel, car or campsite | | |
| With friends or family members (other than parent or Single family dwelling Other Homeless Y | | |
| Is student a non-resident student under court jurisdiction? | Y N If so, what is cou | unty of residence? |
| Is student Schools of Choice? Y N What district are | they coming from? | |
| Is your child or has your child been in Special Education? | | - |
| Has your child been suspended or expelled? Y N WI | | |
| Has your child ever had chickenpox?yesno | | |
| If your child becomes ill or is injured and you are unavailabl | le, please list two emerger | icy contacts: |
| | Phor | ne: |
| | Phor | ne: |
| Family Doctor: | Phor | ne: |
| Please list any unusual medical circumstances we should b | | |

Will your child be taking any medication at school on a regular basis? Y N If so, what is the name of the

medication? _

Records Requested:

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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 the parent/guardian.

In the event of an accident or serious illness, I hereby request the school to contact me. If this is not possible I request that our family doctor be contacted and his/her instructions be followed. 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.

| Parent or Guardian's Sign | ature: | | | | |
|--|---|--|--|--|--------------------|
| Please list other children i Name | n the family: | Birthdate | Grade | School Attending | |
| | Name | | | | |
| | City, State, Zip | | | | |
| No, not Hispa Yes, Hispanic culture or ori Ethnic Code (if you consid 2): A American American, including Central B Asian (application) subcontinent including, for each and Vietnam. C Black or application D Native Ha Guam, Samoa or other Pacifi | anic/Latino /Latino (a person of Cuba gin, regardless of race. ler your student multira Indian or Alaskan Native America.) person having origins in a xample, Cambodia, China African American (a perso awaiian or Other Pacific Is fic Islands.) | an, Puerto Rican, S cial please mark y e (a person having o any of the original p a, India, Japan, Kor on having origins in slander (a person h | outh or Centra Your primary n origins in any of eoples of the F rea, Malaysia, I any of the bla naving origins in | Native Language I American, or other Spanish number 1 and your secondary num of the original peoples of North and S Far East, Southeast Asia, or the India Pakistan, the Philippine Islands, Thai ck racial groups of Africa.) In any of the original people of Hawai ope, the Middle East or North Africa.) | South n land |
| My signature allows my cons | sent for my son/daughter | to participate in onl | line/virtual cou | rses should it be in their best interest | • |
| Parent Signature: | | | C | Date | |
| | | | | | |
| | | OFFICE USE ONLY | / | | |

Immunizations _____Birth Certificate _____Social Security Card

_ Date Received:_____