



**Benzie Academy
Alternative Education**

OFFICE USE ONLY	
Date Received	_____
Date Interviewed	_____
Date Approved	_____



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2018-2019 Parent Application

Students Name _____

Is your student currently enrolled at Benzie Central High school? Yes _____ No _____

If Yes, skip to Academic Information *If No*, please continue with next question

If No, what is last school attended? _____

Sex _____ Grade _____ Birthdate _____ Age _____

Is this student Hispanic/Latino? Language spoken at home: _____ Native Language _____
 _____ No, not Hispanic/Latino
 _____ Yes, Hispanic/Latino (a person of Cuban, Puerto Rican, South or Central American, or
 other Spanish culture or origin, regardless of race

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Ethnicity (circle one) A American Indian B. Asian C. Black D Native Hawaiian/Pacific Islander E White

Students Social Security # _____ Mother's Social Security Number _____

Address _____

City _____ County _____

Home Phone _____ Email _____

Is your student currently in special education? Yes _____ No _____ 504 plan Yes _____ No _____

Has your student ever been in Special Education? Yes _____ No _____

****Please attach transcript and attendance records of last school attended***

Has your student previously attended Benzie Central High school? Yes _____ No _____

Has your child been suspended or expelled? Yes _____ No _____

If Yes, why? (Public Act 328) _____

Has your student ever attended trade/vocational classes? Yes _____ No _____

Fathers Name _____ Employer _____

Cell Phone _____ Work Phone _____

Mothers Name _____ Employer _____

Cell Phone _____ Work Phone _____

Students 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 a parent or guardian)
- Other
- Homeless Y N

Is student currently under court jurisdiction? Y N **If Yes**, what county of residence _____

Is your student school of choice Yes _____ No _____

If Yes, what school district do they reside in? _____

Has your student ever had chicken pox Yes _____ No _____

If your child ever becomes ill or injured and you are unavailable, please list two emergency contacts

_____ Phone _____

_____ Phone _____

Family Doctor _____ Phone _____

Please list any unusual circumstances that we should be made aware of

Will your child be taking medicine at school on a regular basis Yes _____ No _____

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 Signature _____



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Academic Information

Why do you want your child to attend Benzie Academy?

What are some of the reasons or areas of struggle that they have had in school before?

- _____ Disrespect/Disruptive Behavior _____ Difficulty paying attention
- _____ Poor study habits _____ Lack of motivation
- _____ Poor test/quiz scores _____ Other
- _____ Lack of completing homework
- _____ Attendance
- _____ Tardies

Are they interested in day classes _____ Online/Virtual Classes _____

***Please give descriptions to any of those you may have marked

Please list their strengths and weaknesses

Please list their work experience

Please list their Hobbies/Interests

In signing this, I understand that the above is answered to the best of my ability and that this information will be kept confidential and only used to help identify the best possible learning environment for my child, including the possibility of virtual class placement.

My application does not ensure my student placement in Benzie Academy.

Parent Signature

Date

Office Use Only: Approval cmc | updated 1.10.18
Benzie Academy Administrator _____