



**Benzie Academy  
Alternative Education**

OFFICE USE ONLY  
Date Received \_\_\_\_\_  
Date Interviewed \_\_\_\_\_  
Date Approved \_\_\_\_\_



.....

**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)

.....

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 \_\_\_\_\_



**Benzie Academy  
Alternative Education**

OFFICE USE ONLY  
Date Received \_\_\_\_\_  
Date Interviewed \_\_\_\_\_  
Date Approved \_\_\_\_\_



**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, and allows the district to access the Michigan Care Improvement Registry School Immunization Reporting System.

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

---

Parent Signature

Date

Office Use Only: Approval    cmc | updated 9.26.18

Benzie Academy Administrator \_\_\_\_\_