

BENZIE COUNTY CENTRAL SCHOOLS
ENROLLMENT FORM

Student's Name: _____
(Last) (First) (Middle)

Sex: M F Grade: 6 7 8 9 10 11 12 Birthdate: _____ Age: _____

Birthplace (city & state): _____

Student's Social Security #: _____ Mother's Social Security #: _____
(Father's if not available)

Address: _____
(Number and Street and PO Box if required for mailing address)

City: _____ County: _____ Zip: _____

Township: _____ Home Phone: _____ Email _____

Father/Stepfather/Guardian Name: _____

Employer: _____ Work Phone: _____

Mother/Stepmother/Guardian Name: _____

Employer: _____ Work 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 guardian) _____
_____ Single family dwelling _____
_____ Other _____
_____ Homeless Y N

Is student a non-resident student under court jurisdiction? Y N If so, what is county 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? Y N If yes, category is: _____

Has your child been suspended or expelled? Y N Why? _____
(Public Act 328)

Has your child ever had chickenpox? _____yes _____no When _____

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

_____ Phone: _____

_____ Phone: _____

Family Doctor: _____ Phone: _____

Please list any unusual medical circumstances we should be aware of: _____

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

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 Signature: _____

Please list other children in the family:

Name	Birthdate	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Last School Attended: Name _____
 Address _____
 City, State, Zip _____

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.)

Ethnic Code (if you consider your student multiracial please mark your primary number 1 and your secondary number 2):
 _____ A American Indian or Alaskan Native (a person having origins in any of the original peoples of North and South American, including Central America.)
 _____ B Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)
 _____ C Black or African American (a person having origins in any of the black racial groups of Africa.)
 _____ D Native Hawaiian or Other Pacific Islander (a person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.)
 _____ E White (a person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

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 Signature: _____ Date _____

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OFFICE USE ONLY

_____ Immunizations _____ Birth Certificate _____ Social Security Card

Records Requested: _____ Date Received: _____

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