

BENZIE COUNTY CENTRAL SCHOOLS
KINDERGARTEN ENROLLMENT FORM

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

Check one: Betsie Valley _____ Crystal Lake _____ Lake Ann _____

Sex: M _____ F _____ Grade: **Kindergarten** Birthdate: _____ Age: _____

Birthplace (city & state): _____

Address: _____
(Number and Street and PO Box)

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 _____ *If yes, *School of Choice Application **must** be filled out*

What district are they coming from? _____

Is your child or has your child been in Special Education? Y _____ N _____

Has your child been suspended or expelled? Y _____ N _____

Why? _____
(Public Act 328)

Has your child ever had chickenpox? Y _____ N _____ 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 must type name here: _____

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: _____

_____ 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.)

When completed, email enrollment form to Mrs. Catina Crossman crossmanc@benzieschools.net

OFFICE USE ONLY

_____ Immunizations _____ Birth Certificate _____ Social Security Card _____ Parent Driver's License _____ Residency Verifications (2)

Records Requested: _____ Date Received: _____