



Welcome to **Benzie County Central Schools!**

We are happy you chose our school.

NEW STUDENT ENROLLMENT PROCESS

Please pick up an enrollment packet in our central business office. Fill out all forms completely.
If you have questions, please ask. We will do our best to help.

❖ Return completed forms along with the following items:

Student information:

- Birth certificate
- Immunization record
- Withdrawal grades and/or transcript from previous school
- IEP If Special Education | 504 plan if applicable

Parent's/Guardian's information:

- Driver's License
- 2 items to verify residency
- Guardianship papers if applicable

❖ Previous school will then be faxed requesting the following information:

- ✓ Transcripts
- ✓ Withdrawal grades
- ✓ Attendance
- ✓ Discipline
- ✓ IEP if Special Education /504 Accommodations

Once this information is available, the counselor will set up a class schedule for your student. The counselor may need to make an appointment to meet with you and your student. Please allow for the enrollment process to take **up to 3 school days**. We want to make the best fit for your student and this may take time.

WELCOME TO OUR **HUSKY** FAMILY!

Katrina Grose
grosek@benzieschools.net
231.882.4497 ext. 2151

BENZIE COUNTY CENTRAL SCHOOLS

ENROLLMENT FORM

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

Sex: M F Grade: _____ Birth Date: ____/____/____ Age: _____ Birthplace (City & State): _____

Student's Social Security #: _____ Mother's/Father's Social Security : _____

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

City: _____ Zip: _____ Township: _____ County: _____

Home Phone: _____ Student Primary lives with: _____

Father/Stepfather/Guardian Name: _____

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

Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Mother/Stepmother/Guardian Name: _____

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

Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Student's Residence is : ☐ Single family dwelling ☐ Shelter ☐ Motel ☐ Car ☐ Campsite
☐ One or more family, in a house or Apartment ☐ With friends or family members (other than parent/guardian)
☐ Other _____

____ Homeless Y N McKinney-Vento – **TITLE IX, PART A** OF THE EVERY STUDENT SUCCEEDS ACT OF 2015

Is Student a non-resident student under court jurisdiction? Y N If so, what is the county of residence? _____

Is Student Schools of Choice? Y N If yes, what district are they coming from? _____

Is your child or has your child been in Special Education? Y N If yes, category is: _____

Does your child have a current 504 Plan? Y N Has your child ever had chickenpox? Y N When: _____

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

Has your child ever attended Benzie Public Schools? Y N If yes, which one? _____

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

Contact #1 _____ Phone: _____ Relationship: _____

Contact #2 _____ Phone: _____ Relationship: _____

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: _____ Date: _____

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?

_____ 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.)

Language spoken at home: _____ Native Language _____

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 _____

Affidavit of Proof of Student Age and Identity

In order to enroll _____ in Benzie County Central Schools
on _____ or for the _____ school year

The Michigan Missing Children's Act, MCL 380.1135 of the Revised Schools Code, requires that a person enrolling a pupil in a school provide the local or intermediate school district with a certified copy of the pupil's birth certificate or other reliable proof of the pupil's identity. Pertinent parts of this law state:

- 1) Upon enrollment for the first time in a local or intermediate school district (ISD), the local district/ISD shall notify in writing the person enrolling the student that within 30 days he or she must provide to the local district/ISD either of the following:
 - a) A certified copy of the student's birth certificate
 - b) Other reliable proof, as determined by the school district, of the student's identity and age accompanied by an affidavit explaining the inability to produce a copy of the birth certificate

In accordance with MCL 380.1135 (1) (b), this affidavit is being employed to accompany other reliable proof of age and identity of the aforementioned student. Please indicate the other reliable proof this affidavit is accompanying:

- ___ Certified Birth Certificate
- ___ Baptismal Certificate indicating date and place of birth
- ___ County, military or immigration records
- ___ Doctor or hospital records accompanied by sworn statements
- ___ A sworn statement from a parent or guardian (notarized)
- ___ Court Records
- ___ Life Insurance policy
- ___ Certain family records: _____

In accordance with MCL 380.1135 (1) (b), please explain the reasons for the inability to provide a certified copy of the aforementioned student's birth certificate:

Signature of School Official Processing Enrollment

Date

Signature of Person Enrolling the Student (parent/Guardian/Student > 18)

Date

RESIDENCY VERIFICATION AFFIDAVIT

PLEASE READ CAREFULLY

Michigan school districts have the right to require proof of residency regarding enrollment. By signing this affidavit you are affirming that the address given on all forms is the current legal residence of the parent/guardian enrolling the student and is the residence of the student.

SHOULD THE SCHOOL DISTRICT LEARN THAT THE NOTED ADDRESS IS NOT THE RESIDENCE AND/OR THE PARENT/GUARDIAN LIVES OUTSIDE SCHOOL DISTRICT BOUNDARIES AND THE STUDENT IS NOT AN AUTHORIZED NON-RESIDENT STUDENT HE/SHE WILL BE EXCLUDED FROM THE SCHOOL DISTRICT IMMEDIATELY.

Further, the district shall require payment of tuition for the time in attendance as a non-resident and will take legal steps to recover it.

The Benzie County Central School District requires verification of residency by parent/guardian providing originals of two separate items on the list below. School district personnel will make copies and return the originals. All documents must be current and contain name and address. Envelopes with the post office forwarding label will not be accepted.

___ Driver's License OR Voter Registration

___ Insurance Form

___ Lease Agreement

___ Purchase Agreement

___ Moving Bill

___ Utility Bill

___ Other-Specify

*If living in the home of another person and no rental or lease agreement exists, that person must sign this document and provide one proof of residency. Parent/guardian must provide the second proof item.

Person With Whom Residing:

Print Name _____ Signature _____ Date _____

Address:

PO Box _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____

Student Name: _____ Grade: _____

Signature of Parent/Guardian: _____



9300 Homestead Rd Benzonia, MI 49616
PH 231.882.4497 EXT. 2222 Fax 231.882.5699
www.benzieschools.net

Student Record Request

Name of Last School Attended: _____

Address: _____ City/State/Zip _____

Phone Number: _____ Fax Number: _____

Please Send us school records for:

Student: _____ Date of Birth: _____ Grade: _____

Please forward the following items:

- Certified Copy of Birth
- Transcript/Last Report Card/Most recent grades
- Special Education Program Eligibilities/ 504 Plan if applicable
- Immunization Record/ MICR status - Copy of Athletic Physical if on file
- Copy of Athlete physical if on file
- UIC Code
- Attendance Records
- Student Discipline

Parent/Guardian _____ Date _____

PL-93-380, THE FEDERAL FAMILY EDUCATION RIGHTS AND PRIVACY ACT says that written consent of the parent/guardian/eligible students IS NOT REQUIRED to release educational records to officials of other school or school system in which student seeks or intends to enroll.

Please direct all enrollment information to:

Katrina Grose

grosek@benzieschools.net

Athletic Secretary

6-12 Registrar

PUBLIC ACT 328

Public Act 328 (effective January 1, 1995), requires public school districts to expel any student who possesses a dangerous weapon in a weapon-free school zone or commits either arson or rape in a school building or on school property (including school buses or other school transportation).

A dangerous weapon is defined as "a firearm, dagger, dirk, stiletto, knife with a blade over three (3) inches in length, pocket knife opened by a mechanical device, iron bar, or brass knuckles" or other devices designed to or likely to inflict bodily harm, including, but not limited to, air guns and explosive devices.

Pursuant to 1995 Public Act 328:

(Student name)

(date of birth)

Check one:

_____ 1. has not been expelled from another school

_____ 2. has been expelled from another school (or has expulsion charges pending).

_____ 3. is currently under suspension from another school.

If you checked box 2 or 3, please explain the circumstances below:

I understand and agree that pursuant to 1995 Public Act 328 that:

(1) the Benzie County Central Schools will request records for the above named student's previous school(s); and (2) until records are received and reviewed by the school, enrollment is conditional; and (3) if student records received from the previous school(s) are not as represented above, the above named student may be excluded from Benzie County Central Schools immediately without further recourse.

Signature of Parent/Guardian (or student 18 years of age or older)

Date



BENZIE CENTRAL SCHOOLS

Virtual/Online Learning Parent Permission

School District: Benzie County Central Schools

Student Name: _____ **Student Grade:** _____

Virtual learning is a method of receiving academic instruction in courses in which the pupil is registered and the courses are taken through a digital learning environment. Virtual learning may be offered at a supervised school facility during the day as a scheduled class period or through self-scheduled learning where pupils have some control over the time, location, and pace of their education. Virtual learning includes, but is not limited to, online learning and computer-based learning, where the delivery of instruction may incorporate a combination of software, technology, and the Internet.

I, _____, parent or legal guardian of _____ give permission for his/her enrollment in district approved virtual/online course(s). I understand my student will be enrolled in the courses should it be in their best interest.

Parent Signature: _____ **Date Received:** _____

Student Signature: _____ **Date Received:** _____

Please return signed permissions to:

Katrina Grose
6-12 Registrar
9300 Homestead Rd.
Benzonia, MI. 49616
grosek@benzieschools.net



Consent for Disclosure of Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools, State, and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the students' name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires **written parental consent** before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

*I authorize **Benzie County Central Schools** to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.*

Student's Name: _____ Date of Birth: __/__/__

Signature of Parent/Guardian
or Eligible Student: _____ Date: __/__/__

Printed Parent/Guardian Name: _____

Katrina Grose
Benzie Central Schools
6-12 Registrar

Handbook Acknowledgment Sheet-Permissions

Handbook:

My signature acknowledges that I have read the student handbook online (www.benziesschools.net) or have requested and received a copy of the handbook. I am responsible for abiding by the guidelines and regulations for student conduct therein.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Technology Acceptable Use Agreement Form:

My signature acknowledges that I have read the Technology Acceptable Use Agreement Form online (www.benziesschools.net) or have requested and received a copy of the agreement. I am responsible for abiding by the guidelines and regulations of student contact therein.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Permission to Publish Student Photographs and/or work:

My signature acknowledges that I give my child permission to be photographed or videotaped. Photographs may be used on district website, may be published in teacher web pages, or may be distributed to local print media sources. No other information about our child or his/her school work will be revealed without prior consent.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Field Trip Permission:

My signature allows that I give my child permission to go on all field trips during the current school year. I understand that I will be notified of all school field trips through the school newsletter, parents notes sent home with students, or via our daily communications emailed home. Students will be transported by a school vehicle or private vehicle operated by the teacher and/or staff member.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Permission to Use Phone Number for Automated Calls:

My signature allows that I give the BCCS district permission to use the automated calling system to update me on events/cancellations/absences as well as emergencies.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Online Virtual Courses:

My signature allows my consent for my son/daughter to participate in online/virtual courses.

Parent Signature _____ Date _____

BENZIE COUNTY CENTRAL SCHOOLS TRANSPORTATION REQUEST

All information below must be completed and received by the Transportation Department prior to service being provided. The Director of Transportation will check your address for a safe, legal bus stop and contact you within three school days with your route number and pick-up/drop-off times.

Student Name: _____

Address: _____

City: _____ Zip Code: _____

School: _____ Grade: _____

Phones: Home; _____ Work; _____ Cell; _____

Email: _____

Pick-up/Drop-off address: (if different) _____

Mother Name: _____ Work Phone: _____

Father Name: _____ Work Phone: _____

On the lines below please list emergency contacts.

It is very important that we are supplied with at least one alternate contact name and/or number, particularly for elementary students.

Name: _____

Relation to child/family: _____ Phone: _____

Name: _____

Relation to child/family: _____ Phone: _____

If there is any further information (i.e. medical, allergies, etc.) you feel we should be aware of, please explain: _____

FOR ELEMENTARY STUDENTS ONLY - We will not drop your child off at a location unless there is adult supervision. Please see Transportation Guidelines.

Parent/Guardian

Signature: _____ Date: _____

2020-2021 Household Application for Free and Reduced-Price School Meals

Apply online: lunchapp.com

One application per household. Please use a pen (not a pencil)

STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper). Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related". Children in Foster care and children who meet definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced-Price School Meals** for more information. **PLEASE PRINT**

Child's First Name	MI	Child's Last Name	Student? Yes No	School	Grade	Foster Child	Homeless Migrant, Runaway
1) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2: Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR
If NO > Go to STEP 3. If YES > Write a case number here, then go to STEP 4 (Do not complete STEP 3). Case Number: _____ (Write only one case number in this space)

STEP 3: Report income for ALL Household Members (Skip this step if you answered "YES" to STEP 2)
Unsure what income to include here? Flip the page and review the charts titled, "Sources of Income", for more information. The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with the All Adult Household Members Section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by

All Household Members listed in STEP 1 here.

Child Income	How Often?	Please put an X			
	Weekly	Bi-Weekly	2x Month	Monthly	Annually
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

PLEASE PRINT

Name of Adult Household Members (First and Last)	Earnings from Work	How Often?	Public Assistance/ Alimony/Child Support	How Often?	Pensions/Retirement/ All Other Income	How Often?				
	Weekly	Bi-Weekly	2x Month	Monthly	Annually	Weekly	Bi-Weekly	2x Month	Monthly	Annually
1) _____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) _____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) _____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) _____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Household Members (Children and Adults) _____	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member				Check if no SSN <input type="checkbox"/>					

STEP 4: Contact information and adult signature. Mail Completed Form to: BCCS Attn: Lisa Purchase 9300 Homestead Rd. Benzonia, MI 49616
"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal Funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available) _____	Apt# _____	City _____	State _____	Zip _____	Daytime Phone and Email (Optional) _____
Printed Name of Adult Signing Form _____					Today's Date _____

INSTRUCTIONS: Sources of Income

Sources of Income for Children

Sources of Child Income	Examples
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages
Social Security	A child is blind or disabled and receives Social Security Benefits.
- Disability Payments	A parent is disabled, retired, or deceased, and their child receives Social Security benefits.
- Survivor's Benefits	
Income from person outside the household	A friend or extended family member regularly gives a child spending money.
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust.

Sources of Income for Adults

Sources of Adult Income	Example(s)
Earnings from work	Salary, wages, cash bonuses / Net income from self-employment (farm or business) / If you are in the U.S. Military / -Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)
Public Assistance / Alimony / Child Support	-Allowances for off-base housing, food and clothing -Unemployment Benefits -Workers compensation -Supplemental Security Income (SSI) -Cash assistance from State or local government -Alimony payments-Child support payments -Veteran's benefits -Strike benefits
Pensions / Retirement / All Other Income	-Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Annuities -Regular income from trusts or estates -Investment income -Earned interest -Regular cash payments from outside household

Optional: Children's Racial and Ethnic Identities

We are required to ask for information about your children(s) race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your child(s) eligibility for free or reduced-price meals.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them investigate violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.htm, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

Fax: (202) 690-7442
Email: program.intake@usda.gov
This institution is an equal opportunity provider

DO NOT FILL OUT: For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Weekly Bi-Weekly 2x Monthly Monthly Annually

Household Size: _____

Categorical Eligibility: _____

Eligibility: _____ Free _____ Reduced _____ Denied

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date

Middle School Plan

Requirements	6th Grade	7th Grade	8th Grade
Math	Math Expressions 6	Hon. Math 7 Math 7 Essential Elements	*Algebra Math 8 Essential Elements
English	English 6	Hons English 7 English 7	Hon. English 8 English 8
Science	Science 6	Science 7	Science 8
Social Studies	Social Studies 6	Social Studies 7	Social Studies 8
Electives (6-7th Grade choose one) (8th Grade choose two)	Band Choir Physical Education	Art Basic Theater Arts Band Choir Physical Education Body Mechanics	Art Basic Theater Arts Band Choir Physical Education Body Mechanics Industrial Arts *Spanish
Enrichment	Art Basic Theater Arts Careers Music Appreciation	Spanish Health Industrial Arts Robotics	N/A
* These are high school courses and count toward high school GPA.			

High School Plan

Requirements	9th Grade	10th Grade	11th Grade	12th Grade
Math (4 Credits: Algebra 1,2, Geometry and 4th year)	Algebra 1 Hon. Geometry	Algebra 2 Hon. Alg. 2 Geometry	Geometry Pre-Calculus Algebra 2	Geometry Con. Ed. Physics AP Calculus
English (4 Credits, 4 years)	English 9 Hon. Eng. 9	English 10 Hon. Eng. 10	English 11 Hon. Eng. 11	English 12 AP Literature
Science (3 Credits: Earth, Biology, Chemistry required)	Earth Science *Hon. E. Science	Biology Hon. Chemistry	Chemistry AP Biology ADV Biology	AP Chemistry
Social Studies (3 credits, 3 years)	US History	Health/Econ. Civics	World History AP Psychology	AP US History
*Required to graduate: 1 year for 9th grade only	Freshman Connect	N/A	N/A	N/A
World Language 2 years of *Foreign Lang) Or 1 year + 2 yrs of WL (IA, CTC, Music or Art)	Spanish I/II	Spanish I/II/III	Spanish I/II/III CTC MTA Dual Enroll	Spanish I/II/III CTC MTA Dual Enroll
ELECTIVES: Choose 1 (* = prerequisite TR)	<div> <div>*Honors Biology</div> <div>*Algebra Lab</div> <div>Coed Physical Ed. or Body Mechanics</div> <div>Industrial Arts</div> </div> <div> <div>Band</div> <div>Choir</div> <div>Drawing or Crafts</div> <div>Livestock Animal Science or Crop Plant Science</div> </div>			
Seminar	All students take a seminar to assist with questions during the day, study time, organization opportunity, club meetings			