

**Betsie Valley Elementary**  
ENROLLMENT FORM

Student's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Sex: M F      Grade: K 1 2 3 4 5      Birthdate: \_\_\_\_\_      Age: \_\_\_\_\_

Birthplace (city & state): \_\_\_\_\_

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

McKinney-Vento –TITLE IX, PART A OF EVERY STUDENT SUCCEEDS ACT OF 2015  
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.)

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OFFICE USE ONLY

\_\_\_\_\_ Immunizations      \_\_\_\_\_ Birth Certificate      \_\_\_\_\_ Social Security Card

Records Requested: \_\_\_\_\_ Date Received: \_\_\_\_\_ cmc  
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