## BENZIE COUNTY CENTRAL SCHOOLS ENROLLMENT FORM

Studer	nt's Nar	ne:	(1	_ast)						(First)			() () - () - () - () - () - () - () - (
			(1	.ast)						(First)			(Middle)
Sex:	М	F	Grade:	37	'8	9 10	11	12	Birth	date:		Age:_	
			ate):										
Studer	nt's Soc	ial Se	curity #:						_ Mot	ner's Soc	cial Security #	≠: (Father's i	f not available)
						(	Numb	er and	Street a	nd PO Box i	f required for mail	ing address)	
City: _							Cοι	unty:				Zip:	
Towns Father	hip: /Stepfa	ther/G	uardian Na	ime	_ Hom :	e Pho	one:				Email		
Emplo	yer:										Worl	k Phone:	
Mothe	r/Stepm	nother/	Guardian N	√am	ie:								
Emplo	yer:										Wor	k Phone:	
Studer	Shelte With of In a mo With fr Single	des Wi r ne or r otel, ca iends o family	th: Parent nore family ar or camps or family m dwelling	, in site emt	a hou pers (o	ise or other t	apar han	tmen pare	nt or g	uardian)			ip to Child
	Other Homele ney-Ve	ess Y	Ν								ACT OF 2015		
Is stud	lent a n	on-res	ident stude	ent i	under	court	juriso	dictio	n? Y	′ N If	f so, what is c	county of resid	dence?
Is stud	lent Scł	nools c	of Choice?	Y	N	Wha	at dis	strict	are the	ey comin	g from?		
ls you	r child c	or has y	your child b	eer	ו in S	pecial	Edu	catio	n?Y	Ν	If yes, cateo	gory is:	
Hasve	our child	theen	suspanda	d or	avna	llod2	v	N	W/by	2			
rias yt			Suspende								(P	ublic Act 328	)
Has yo													
lf your	child b	ecome	s ill or is in	jure	d and	l you a	are u	nava	ilable,	please li	ist two emerg	ency contact	5:
											Pr	none:	
											Pr	none:	
Family	Doctor	:									Pł	none:	

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 i Name	n the family:	Birthdate	Grade	School Attending	
Last School Attended:	Name				
	Address				
	City, State, Zip				
culture or ori Ethnic Code (if you consid 2): A American American, including Central B Asian (a p subcontinent including, for ex and Vietnam. C Black or p D Native Ha Guam, Samoa or other Pacif E White (a p	gin, regardless of race. er your student multir Indian or Alaskan Nativ America.) berson having origins in kample, Cambodia, Chin African American (a per- awaiian or Other Pacific ic Islands.) berson having origins in	acial please mark yo ve (a person having or any of the original per na, India, Japan, Kore son having origins in a Islander (a person ha any of the original per	ur primary r igins in any oples of the F a, Malaysia, any of the bla ving origins in oples of Eurc	I American, or other Spanish <b>number 1 and your secondary number</b> of the original peoples of North and South Far East, Southeast Asia, or the Indian Pakistan, the Philippine Islands, Thailand ck racial groups of Africa.) n any of the original people of Hawaii, ope, the Middle East or North Africa.)	
My signature allows my cons allows the district to access t				rses should it be in their best interest and ation Reporting System.	
Parent Signature:			C	Date	
		OFFICE USE ONLY	•••••		
	Immunizations	Birth Certificate		_Social Security Card	
Records Requested:	Date	e Received:			