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**WELCOME TO BENZIE COUNTY CENTRAL SCHOOLS!**  
**WE ARE HAPPY YOU CHOSE OUR SCHOOL.**

**NEW STUDENT ENROLLMENT PROCESS**

**PLEASE PICK UP AN ENROLLMENT PACKET OR USE THE DOWNLOADABLE FORMS ON OUR WEBSITE. PLEASE FILL OUT ALL FORMS COMPLETELY. IF YOU HAVE QUESTIONS, PLEASE REACH OUT TO CHANTELLE JONES, REGISTRAR. WE WILL DO OUR BEST TO HELP.**

† Return completed forms along with the following items:

**Student information: Please bring with you if possible.**

- 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 - These must have name and address that matches address where parent/guardian is enrolling student
- Guardianship papers if applicable, custody paperwork,

† **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 in person or via phone.

Please allow for the enrollment process to take **up to 5 school days**. We want to make the best fit for your student and this may take time.

**WELCOME TO OUR HUSKY FAMILY!**

*Chantelle Jones*

*Enrollment/ Administrative Assistant to Assistant Principal/  
Athletic Administrative Assistant / 6-12 Registrar  
[jonesc@benzieschools.net](mailto:jonesc@benzieschools.net) | 231-882-4497 Ext. 2151*

**BENZIE COUNTY CENTRAL SCHOOLS**  
**ENROLLMENT FORM**

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

Sex:  M  F Grade:  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

*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 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 \_\_\_\_\_

OFFICE USE ONLY

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

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

## Affidavit of Proof of Student Age and Identity

In order to enroll

\_\_\_\_\_, in  
Benzie Central Middle School on  
\_\_\_\_\_ (date):

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

**BENZIE COUNTY CENTRAL SCHOOLS**

**9300 Homestead Rd**

**Benzonia, MI 49616**

**231-882-4497**

**RESIDENCY VERIFICATION AFFIDAVIT**

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**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 the same.

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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.

- |  |  |
|--|--|
|  | <input type="checkbox"/> Driver's License OR Voter Registration<br><input type="checkbox"/> Insurance Form<br><input type="checkbox"/> Lease Agreement<br><input type="checkbox"/> Purchase Agreement<br><input type="checkbox"/> Moving Bill<br><input type="checkbox"/> Utility Bill<br><input type="checkbox"/> Other – Specify _____ |
|--|--|

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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: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Signature of Parent/Guardian

Student Name

Grade

Address: \_\_\_\_\_

P.O. Box #

Street

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_



## STUDENT RECORD REQUEST

Name of Last School Attended: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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/MCIR status- Copy of Athlete physical if on file
- ❖ UIC Code
- ❖ Attendance Records
- ❖ Student Discipline
- ❖

Parent/Guardian/School Official \_\_\_\_\_ Date \_\_\_\_\_

PL-93-380, THE FEDERAL FAMILY EDUCATIONAL 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:

*Chantelle Jones*

[jonesc@benzieschools.net](mailto:jonesc@benzieschools.net)

Enrollment/ Administrative Assistant to Assistant Principal/  
Athletic Administrative Assistant/ 6-12 Registrar  
231-882-4497 Ext. 2151

# 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 and/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 from the above named student's previous school(s); and*
- (2) Until the 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: Parent/Guardian (or student if 18 years of age or more)

\_\_\_\_\_  
Date



## 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: \_\_\_\_\_

Notes: **Please return signed permissions to:**

**Attn: Chantelle Jones**

**Enrollment/ Administrative Assistant to Assistant Principal/**

**Athletic Administrative Assistant/ 6-12 Registrar**

**9300 Homestead Rd.**

**Benzononia, MI. 49616 | (231) 882-4497 ex:2151**

**jonesc@benzieschools.net**





# BENZIE CENTRAL SCHOOLS

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

Immunizations are an important part of keeping our children healthy. Schools and 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.

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*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: \_\_\_\_\_

**Chantelle Jones**  
**Enrollment/ Administrative Assistant to**  
**Assistant Principal/Athletic Administrative**  
**Assistant/ 6-12 Registrar**  
**[jonesc@benzieschools.net](mailto:jonesc@benzieschools.net)**

**Student Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

## Handbook Acknowledgment Sheet

### Handbook:

My signature acknowledges that I have read the student handbook online ([www.benzieschools.net](http://www.benzieschools.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: (pg. 22)

My signature acknowledges that I have read the Technology Acceptable Use Agreement Form online ([www.benzieschools.net](http://www.benzieschools.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: (pg. 32)

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. YES, I give my consent to publish my students' photographs and/or work.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Student's Legal Name:

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Last: \_\_\_\_\_

Date of Birth:

\_\_\_\_\_

City Of Birth:

\_\_\_\_\_

Mother's Name:

\_\_\_\_\_

Maiden Name: \_\_\_\_\_

Father's Name:

\_\_\_\_\_



## BENZIE COUNTY CENTRAL SCHOOL BUS REQUEST FORM



This form must be **completely filled out** 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: \_\_\_\_\_

Email: \_\_\_\_\_

Pick-Up address (if different from home): \_\_\_\_\_

Drop-off address (if different from home): \_\_\_\_\_

Mother: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### **ON THE LINES BELOW PLEASE LIST EMERGENCY CONTACTS**

It is very important that we are supplied with at least one alternate contact name and number.

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_