



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

STUDENT ENROLLMENT PROCESS

**PLEASE PICK UP AN ENROLLMENT PACKET(S) IN THE MIDDLE
SCHOOL OR HIGH SCHOOL OFFICES OR USE THE
DOWNLOADABLE FORMS ON OUR WEBSITE. FILL OUT ALL
FORMS COMPLETELY. IF YOU HAVE QUESTIONS, PLEASE REACH
OUT AND WE WILL DO OUR BEST TO HELP.**

✦ Return completed forms along with the following items:

Student information:

- Copy of student Birth certificate
- Immunization record if possible
- 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. The transportation department will notify you of routes and times.

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
Administrative Assistant
jonesc@benzieschools.net / 231-882-4497 Ext. 2151

Student NAME:_____

Previous pre school attended: _____ Was student a part of Dolly Parton

Address(where student resides):_____

Preferred Phone (school communications):_____

Cell: _____

Email: _____ Employer: _____

Father/Stepfather/Guardian Name:_____

Cell: _____

Email: _____ Employer: _____

Work Phone:_____

☐ Homeless (McKinney-Vento Title IX, Part A of Every Student Succeeds Act of 2015)

If so, county of residence? _____

Whom does the student primarily live with? (Custodial parent(s)?, also include siblings names and ages)

Last School Student attended (in person):

Name: _____

Address: _____

City, State, Zip: _____

Is or has your student been in Special Education (or received Special education services prior)?

☐ Y ☐ N

If Yes, category is(IEP, 504, etc.): _____

Is Student up to date on Immunizations? ☐ Y ☐ N, (wavier on file? _____)

*****Please note until immunizations are up to date or wavier is on file school can decline enrollment.*****

Please list any unusual medical circumstances we should be aware of: (Including but not limited to inhalers, epi pen, anxiety medications, seizure medications, etc.)

Will student be taking any medication at school on a regular basis? ☐ Y ☐ N

If so please list them:

*****All medication taken at school must be brought in to school by an adult in the original prescription bottle. A medication form must also be filled out and signed by parent /guardian.*****

Is Student Hispanic/Latino? ☐ No, Not Hispanic/Latino ☐ Yes, Hispanic/Latino

Ethnic Code (if you consider your student multiracial please mark primary as 1 and your secondary number 2):

A - American Indian ☐ To which tribal affiliation do they belong: _____ B - Asian ☐

C - Black or African American ☐ D - Native Hawaiian or Pacific Islander ☐

E- White ☐

Michigan's Revised Home language survey:

Michigan welcomes families of all language backgrounds. Speaking more than one language is a valuable asset.

Please answer the two questions below. If your response to either question is a language other than English, the school district will give an assessment to see if your student may benefit from English language support.

What language is used most at home? _____

What language is most used by the student? _____

In the event of an accident or serious illness, I hereby request the school to contact me. In the event I can not be reached I ask that the person(s) below are contacted. 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.

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/ Guardian Signature:

Date:_____

Emergency Contacts:

Name:_____

Phone Number:_____

Relationship to student: _____

☐ Emergency Contact #1 ☐ Emergency Contact #2 ☐ Emergency Contact #3

Name:_____

Phone Number:_____

Relationship to student: _____

☐ Emergency Contact #1 ☐ Emergency Contact #2 ☐ Emergency Contact #3

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

BENZIE COUNTY CENTRAL SCHOOLS
9300 Homestead Rd
Benzonia, MI 49616
231-882-4497

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 the same.

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
<input type="checkbox"/>	Insurance Form
<input type="checkbox"/>	Lease Agreement
<input type="checkbox"/>	Purchase Agreement
<input type="checkbox"/>	Moving Bill
<input type="checkbox"/>	Utility Bill
<input type="checkbox"/>	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: _____

Signature: _____ Date: _____

Signature of Parent/Guardian

Student Name

Grade

Address: _____
P.O. Box # _____ Street _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Benzie Central Middle/High School

9300 Homestead Rd

Benzonia, MI 49616

Phone: 231-882-4497 Fax: 231-882-5699

Attention: Chantelle Jones – jonesc@benzieschools.net

STUDENT RECORD REQUEST

Name of Last School Attended: _____

Address: _____

City/State: _____

Zip: _____ Registrar email: _____

Phone Number: _____ Fax Number: _____

Requesting records for the following student:

Name: _____

Grade: _____ Birthdate: _____

Please forward the above students cumulative records, including any psychological testing and/or any other special testing for academic class information.

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

Signature: Parent/Guardian/School Official

Date

Please email the following as soon as possible:

☐ Most Recent Grades/Last Report Card

☐ Attendance Logs

☐ Discipline Logs

☐ All IEP/504 Information (if applicable)

☐ Please mail Complete CA-60 record



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: _____

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:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Certified Birth Certificate |
| <input type="checkbox"/> | Baptismal Certificate indicating date and place of birth |
| <input type="checkbox"/> | County, military or immigration records |
| <input type="checkbox"/> | Doctor or hospital records accompanied by sworn statements |
| <input type="checkbox"/> | A sworn statement from a parent or guardian (notarized) |
| <input type="checkbox"/> | Court Records |
| <input type="checkbox"/> | Life Insurance policy |
| <input type="checkbox"/> | 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

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

Student's Legal Name:

First: _____

Middle: _____

Last: _____

Date of Birth:

City Of Birth:

Mother's Name:

Maiden Name: _____

Father's Name:

c:/mydoc/forms/birth certificate affidavit/word

Handbook Acknowledgment Sheet-Permissions

Handbook:

My signature acknowledges that I have read the student handbook online (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:

My signature acknowledges that I have read the Technology Acceptable Use Agreement Form online (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 conduct 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 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.

*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: _____

Printed Parent/Guardian Name: _____

Chantelle Jones
Administrative Assistant
231-882-4497 ext 2151
jonesc@benzieschools.net

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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: _____

Notes: Please return signed permissions to

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