



Bessemer Area School District



Other Children Living at Home

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

STUDENT ENROLLMENT FORM

Previous School Information

Name of Last School Attended _____ Phone Number _____ Fax Number _____

Address _____ City _____ State _____ Zip _____

Has the student repeated any grade? ___Yes ___No

Has the student received any remedial math? ___Yes ___No

Additional Services student received at previous school: (CHECK ALL THAT APPLY)

___None ___Speech ___Social work ___OT/PT ___504 Plan

___Special Education ___ESL(English Second Language/ELL(English Language Learner)

Does your child have any known allergies? _____ If yes, what? _____

Is your child on any medication? _____ If yes, what? _____

Additional information you would like to share: _____

I affirm that all information provided is true and accurate. I understand any false information provided by me may subject me to legal penalties for perjury. Further, I agree to notify the school immediately of any address change.

Signature of Parent/Guardian/Student (if 18 or over) _____ Date _____

FOR SCHOOL USE ONLY

- | | | |
|--|---|---|
| <input type="checkbox"/> Proof Residency (copy attached) | <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Birth Certificate Verification _____ |
| <input type="checkbox"/> Emergency Info | <input type="checkbox"/> Internet Consent | <input type="checkbox"/> Schools of Choice |
| <input type="checkbox"/> McKinney-Vento | <input type="checkbox"/> Lunch Application | |

Date of Entry _____ Request for Records Sent on _____ UIC# _____

School Student # _____ Locker # _____ Bus# _____

Student / Family Residency Questionnaire

A student may be eligible for additional educational services through Title I Part A, Title I Part C-Migrant, and/or Federal McKinney-Vento Assistance. Eligibility can be determined by completing this questionnaire.

Check the box that describes your current living situation

A. Own/Rent my own home or apartment

B. Doubled Up: Sharing the housing of others due to loss of housing or economic hardship

C. Staying in a Shelter

D. Staying in Transitional Housing (awaiting permanent housing)

E. Awaiting foster care/temporary foster care placement, or currently in first six months of foster care

F. Temporarily living in a motel or hotel

G. Unsheltered

H. Unaccompanied Youth: not in the physical custody of a parent or guardian

4. Student Name						
First	Middle	Last	M/F	D.O.B.	Grade	School Name

Print Parent/Guardian/Student Name **Signature** **Date**

(Area Code) Phone number **Street/Contact Address** **City** **State** **Zip**

School Use Only

- Free or Reduced Price Meals form submitted
- Transportation Assistance
- Assessment

Based on the above information and a brief interview with this family, I attest that to the best of my knowledge they are eligible for benefits under the McKinney-Vento Act:

Print **Name (required)** **Title** **Signature (required)** **Date**

- Copies to:**
- 1. District Homeless Liaison
 - 2. School Data Entry Person for MSDS
 - 3. Title 1 Director
 - 4. Food and Nutrition Services Dept.

BESSEMER AREA SCHOOLS
301 E. Sellar St.
Bessemer, MI 49911
Phone 906-667-0802 FAX 906-667-0318

EMERGENCY MEDICAL AUTHORIZATION

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to a school official the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment including surgical intervention if necessary on behalf of my minor child listed below and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present.

This authorization is valid for the current school year or until such time as I withdraw the authorization.

Authorized _____ Date _____
Signature of parent/guardian

Child's name _____
Last First Middle

School _____ Grade _____ Teacher _____

Birth Date _____ Home Address _____

Home Phone _____ Cell number(s) _____

Parent/Guardian name(s) _____

Parent/Guardian e-mail(s) _____

Mother's employment _____ Phone _____

Father's employment _____ Phone _____

Emergency contact _____ Phone _____

Secondary contact _____ Phone _____

MEDICAL INFORMATION

Allergies _____

Current medications/treatments _____

Past or current medical concerns _____



Bessemer Area School District



Washington Elementary School
301 E. Sellar St.
Bessemer, MI 49911
PH: 906-663-4515
Fax: 906-667-0318

Student Record Request

Request Faxed on: _____
Records Received on: _____

To: _____
School Name _____

Address _____

City/State/Zip _____

Phone Number _____ Fax Number _____

We have recently enrolled the following student(s) within the Bessemer Area School District.

Name	Birth Date	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please forward all cumulative records, including: academic achievement, health and immunization, standardized test results, psychological evaluations, and specialized program needs or recommendations.

I hereby authorize the above student's records and any other pertinent, requested information be forwarded to Washington Elementary School.

Parent/Guardian Signature or School Official Date

*****FOR MICHIGAN SCHOOLS ONLY*****

____ We ARE claiming Section 25e on this/these student(s)

____ We are NOT claiming Section 25e on this/these student(s)



Bessemer Area School District



Mr. David Radovich, Superintendent

Bessemer, MI 49911

Mr. David Wineburner, Principal

Mrs. Christine Bergquist
Business Manager/Transportation Supervisor

(906) 667-0802

A.D. Johnston Jr./Sr. High School

FAX: (906) 667-0318

100 W. Lead Street, Bessemer, MI

(906) 667-0413 FAX: (906) 667-0320

Dear Parent(s) of a New Student(s):

Please complete the bottom part of this page if you child(ren) will be riding the school bus either to school or home from school or both.

If you should have any questions, please contact Chris Bergquist, Transportation Supervisor at 906-667-0802.

CHILD'S NAME

GRADE

_____ Will not be riding the school bus to or from school. (You may skip the rest of the questions and just sign this form.)

_____ How will your child get to School? Bus or Own Transportation (**circle one**)

If bus, where will your child need to be picked up? (Home, daycare, grandparents, etc.)

(Include address)

_____ How will your child leave the School? Bus or Own Transportation (**circle one**)

If bus, where will your child go after school? _____

(Include address)

Parent's Signature

Date

Phone Number

If your schedule will be changing daily/weekly, etc., please make sure that you give your child's teacher a copy of the schedule as soon as it is known.