



BEAVERTON SCHOOLS

468 S. ROSS ST. • BEAVERTON, MICHIGAN 48612 • 989-246-3000 • FAX: 989-435-7631

BEAVERTON SCHOOL DISTRICT ENROLLMENT PACKET

www.beavertonschools.net

Superintendent	Joseph Passalacqua	ipassalacqua@beavertonschools.net	989-246-3000 Fax 989-435-7631
Jr/Sr High Principal	Michael Bassage	mbassage@beavertonschools.net	989-246-3010 Fax 989-246-3366
Jr/Sr High Assistant Principal & Athletics Director	Jennifer Johnston	jjohnston@beavertonschools.net	989-246-3010 Fax 989-246-3366
Jr/Sr High Dean of Students	Chris Rusher	crusher@beavertonschools.net	989-246-3010 Fax 989-246-3366
Elementary Principal	Renee Inscho	rinscho@beavertonschools.net	989-246-3020 Fax 989-246-3740
Elementary Assistant Principal & Special Education Director	Shawna Hartwell	shartwell@beavertonschools.net	989-246-3020 Fax 989-246-3740
Transportation Supervisor	Shawnda Workman	sworkman@beavertonschools.net	989-435-9474 Fax 989-435-2054

REGISTRATION CHECKLIST

- ☐ Enrollment Form
- ☐ Birth Certificate
- ☐ Immunization Record
- ☐ Proof of Residency (2 required)
- ☐ Release of School Records
- ☐ Affirmation of School Discipline
- ☐ Concussion Form
- ☐ Transportation Bus Waiver, if applicable
- ☐ Custodial Documentation, if applicable



HOME OF THE BEAVERS!



Beaverton Schools

Registration/Enrollment Form



Student Information

Student Name: _____ ☐ Male ☐ Female ☐ Unspecified
(From Birth Certificate) (LAST) (FIRST) (MIDDLE)

Birthdate: ____/____/____ Birthplace: _____ Age: _____ Grade: _____

Does student have an IEP or 504 Plan? ☐ Yes ☐ No Date of Last Evaluation: _____ School District: _____

Home Phone Number: (____) _____ Primary Cell Phone Number: (____) _____

Phone Number for Attendance/Weather Delay: _____ Student Phone Number: (____) _____

Current Physical Address: _____
(Street Address) (City) (State) (Zip) (County)

Mailing Address: _____
(Street Address) (City) (State) (Zip) (County)

Resident District: _____

Is Transportation needed? ☐ To School ☐ From School ☐ Does student have special transportation needs

Housing Arrangements: ☐ Permanent housing ☐ Living with Friend or relative ☐ Shelter ☐ In Transition

Is the primary language used in your child's home or environment a language other than English? ☐ Yes ☐ No
If yes, what is that language? _____

ETHNICITY (Part A) and RACE (Part B)

Race and Ethnicity (Both Part A and Part B) of the question must be answered.

Part A: Ethnicity (choose only one)	Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.) <input type="checkbox"/> Yes <input type="checkbox"/> NO
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Part A refers to ethnicity, not race. No Matter which box you selected above, please continue to answer Part B (below) by marking one or more boxes to indicate what you consider your student's race to be.

Part B: Race (choose one or more) When choosing more than one, enter % for Each ethnicity	% ____ American Indian or Alaska Native % ____ Asian % ____ Black or African American % ____ Native Hawaiian / Other Pacific Islander % ____ White
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PRIMARY HOUSEHOLD INFORMATION (WITH WHOM DOES THE CHILD RESIDE?)

- | | | |
|--|--|---|
| <input type="checkbox"/> Adoptive Parents | <input type="checkbox"/> Father Only | <input type="checkbox"/> Relative (_____) |
| <input type="checkbox"/> Birth Parent(s) | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Double-up |
| <input type="checkbox"/> Father/Stepmother | <input type="checkbox"/> Emancipated Minor | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Mother/Stepfather | <input type="checkbox"/> Shelter | <input type="checkbox"/> Grandparents |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Foster Home
(less than 6months?) | <input type="checkbox"/> Other (_____) |

Primary Household Information	Parent/Step-Parent/Guardian 1	Parent/Step-Parent/Guardian 2
Name of Parent/Step-Parent/Guardian		
Relationship to Student		
Occupation/Employer		
Employer Phone		
Cell Phone		
Email Address		

RESIDENCY VERIFICATION AFFIDAVIT:

According to State Attorney General Opinion No. 5925, school districts have the right to ask new enrollees to prove residency. By signing the affidavit, you are affirming that the address given on all enrollment form is the legal residence of the parent/guardian enrolling the student and is the residence of the student.

Verification of residency may be made with any two of the following (circle): Driver's license or Registration, Lease Agreement, Moving Bill, Insurance Forms, Purchase agreement, Utility Bill, Other.

Signature: _____ Date: _____

SECONDARY HOUSEHOLD INFORMATION

Does the child have a second parent/second residence? ☐ Yes ☐ No If yes with whom?

☐ Mother only ☐ Stepmother/Father ☐ Other: _____

☐ Father only ☐ Stepfather/Mother Joint Custody? ☐ Yes ☐ No

Secondary Household Physical Address: _____

(Street Address) (City) (State) (Zip)

Current Mailing Address: _____

(if different than above) (Street Address) (City) (State) (Zip)

Should this household be included in all mailings? ☐ Yes ☐ No

Release student to second parent? ☐ Yes ☐ No

If you answered "No" to either of these questions, please attach legal documentation specific to this child and legal documentation specific to communication with the Secondary Household parent.

Secondary Household Information	Secondary Parent/Guardian 1	Secondary Parent/Guardian 2
Name of Parent/Step-Parent/Guardian		
Relationship to Student		
Occupation/Employer		
Employer Phone		
Home Phone		
Cell Phone		
Email Address		

OTHER SIBLINGS LIVING AT HOME

Name	Gender	Birthdate	School	Grade

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS/GUARDIAN)

CALLING ORDER	NAME	RELATIONSHIP TO STUDENT	CELL PHONE	HOME PHONE	WORK PHONE
1.)					
2.)					
3.)					
4.)					

Health Information

Medical information is confidential and will be shared with personnel on a need to know basis.

Special Health Conditions ☐ Diabetes ☐ Heart ☐ Asthma ☐ Seizures ☐ Other (Explain) _____

Allergies ☐ Insects/Bee Stings ☐ Medication ☐ Food ☐ Environmental (Explain all) _____

Is student currently taking any prescription medications? ☐ Yes ☐ No

Medication at Home: _____

Medication at School: _____

Physician Name: _____ Phone: _____ Insurance Carrier: _____

In case of emergency and you cannot be reached, your child will be sent to the nearest medical center for medical treatment.

Special Needs Information

Special Program received at Prior School:

☐ Special Education ☐ Speech & Language ☐ 504 Plan ☐ Title 1 Services ☐ Others(Explain) _____

Last School Attended: Preschool, Elementary, Middle, High School, Charter, Online

Name: _____

Address: _____
Street Address City State Zip Code

Last date of attendance at Previous School: _____

Pre-Kindergarten Schooling Information: Please circle the one that applies:

GSRP Head Start Home-Based Child Care Center-Based Child Family/Relative Care-Registered Daycare

Tuition-Based Preschool No Prior Care

I certify that all information is true and valid and that I am authorized to enroll this student:

Signature: _____ Date: _____



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Request for School Records

Student Name _____ Date of Birth _____ Grade _____

Previous School District Attended: _____

Name & Address of school: _____

The Beaverton School District is requesting information about one of your former students. Beaverton Schools formally requests the following school records:

- ☐ Student UIC# _____
- ☐ Official CA 60
- ☐ Discipline History
- ☐ Special Education Files, if applicable
- ☐ Current attendance records
- ☐ Current grades
- ☐ State Standardized Test Scores
- ☐ Record of any extracurricular activities: _____

1. Has the student ever been suspended or expelled from your school district? Yes _____ No _____
 - a. If the answer is yes, please explain: _____
2. Is there current disciplinary action pending against this student? Yes _____ No _____
3. Was this student in any special education programming in your school district? Yes _____ No _____
4. Student's last date of enrollment in previous school? _____

Parent Release: As parent or legal guardian for the above named student, I hereby authorize the release of all school records to the Beaverton School District and request that they be sent to the address below at your earliest convenience.

Signature of Parent/Guardian _____ Date _____

Beaverton Elementary School (Grades K – 6)	Beaverton Jr/Sr High School (Grades 7-12)
Attention: Terrie Sheehan	Attention: Candy Fischer
440 S. Ross St.	3090 Crockett Rd.
PO Box 529	PO Box 529
Beaverton, MI 48612	Beaverton, MI 48612
Phone # 989-246-3020	Phone # 989-246-3010
Phone # 989-246-3740	Phone # 989-246-3366



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Affirmation of Prior Discipline Record

All students requesting admittance to the Beaverton School District must complete this form. A willful false statement on this affirmation will result in a report to the appropriate authorities.

In order to process the student's enrollment, the parent or legal guardian (if the student is under 18 years of age) or student (if the student is 18 or older) must answer the questions below:

1. Has the student been convicted of a crime, or are any felony charges pending against the student?
Yes _____ No _____
If the answer is yes, please explain:
2. Has the student been expelled or received a long-term suspension (more than 10 days) from another school district?
Yes _____ No _____
3. Has the student received a short-term suspension (10 days or less) from another school district in the past two years?
Yes _____ No _____
4. If the answer to #3 or 4 is yes, then please explain in detail (include school name, dates and description of the incident (s):

Student Name _____

Grade _____

Signature of Parent/Guardian _____

Date _____

Sending (current) School District: _____

Sending School – Please Check One:

_____ According to our records, we can verify that the information provided above by the parent/student is correct.

_____ According to our records, the information provided above by the parent/student is not correct.

If the student has been involved in offenses resulting in suspensions including weapons, alcohol, drugs, or willful infliction of injury to persons or an act to threats or violence against persons and/or property committed on school premises, at a school-sponsored activity, or on a public or private conveyance providing transportation to or from school or a school-sponsored activity, please forward appropriate disciplinary documentation.

Signature of Sending District Administrator

Title

Date