



Beecher Adult Enrollment Check Off List

Student _____

Age _____

Have you obtained a High School Diploma or GED?

If yes, circle which one: HS Diploma or GED

___ Enrollment Form Adult Student (20 yrs old or older by Sept 1st)

___ High School Completion Program

___ ABE/GED Program

___ Social Security Card

___ Valid Picture ID

___ Transcripts

___ Birth Certificate

Date _____

For Office Use Only:

BEECHER REGISTRATION FORM

DATE _____

If you are not on the student's birth certificate, you must be legal guardian or have power of attorney paperwork with you to complete enrollment process.

Have you ever attended a Beecher School? ____ *Have you ever received Special Services?* ____

Student Name: _____ Grade: ____ Race: ____

Address: _____ City: _____ Zip: _____

Phone#: _____ Date of Birth: ____/____/____ Sex: Male ____ Female ____

Mother: _____	Father: _____
Address: _____	Address: _____
Employer: _____	Employer: _____
Phone#: _____	Phone#: _____
Work#: _____	Work#: _____

Student Lives with: Mother Father Mother/Father Grandparent
 Foster Parent Guardian Self Other, explain _____

School Last Attended: _____ Date Left: _____

EMERGENCY contact, when parent cannot be reached contact the following:

Name	Relationship	Phone/Cell Phone Number

Other children in the family attending Beecher Schools:

Doctor: _____ Phone #: _____

Hospital Preference: Hurley McLaren Genesys

Allergies and medical problems: _____

Child is not to leave with: _____

Has your child ever been expelled from school? ____ If Yes, the reason: _____

Parent/Guardian Signature: _____ Date: _____

HEALTH HISTORY AND INSURANCE INFORMATION

Patient information

Name: _____ DOB: ____/____/____ S.S.# _____

Race: _____ Age: _____ Sex: F M Grade: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Alternative Phone: _____

Emergency Contact: _____ Phone: _____

Health History

Allergies: (list all & describe reaction) _____

List all medications you are taking at the present time: _____

Please check if you have ever had the following health condition:

Asthma Chickenpox, age Seizures Diabetes Heart Problems

ADD/ADHD Depression/Bipolar Seasonal Allergies Skin Problems

Other health conditions: _____

Health Insurance Information

Do you have health insurance? Yes No

Name of insurance Company: _____

Subscriber Name: _____

Group#: _____ Contract #: _____

Medicaid ID Recipient #: _____

PARENT/STUDENT AGREEMENT FOR COMPUTER USAGE

- I will only touch equipment that has been assigned for my use
- I will not abuse any technology equipment
- I will not access or alter anyone else’s files or work on any computer, including the computer that has been assigned for my use
- I will not open or access computer programs or the Internet without permission
- When I have permission to open a program or the Internet I will only use it as directed by my teacher
- I will follow my teacher’s direction when using a computer

I understand that as a part of the consequences, if I do not follow any of these guidelines, I may lose permission to use computers.

Student Typed Name as a Signature

Date

Email Address

BEECHER COMMUNITY SCHOOL DISTRICT

Request for Permission to take Pictures or Video Tape

Dear Parent/Guardian,

The Beecher School District, Beecher Adult Education may take pictures and/or videotaping while you are on campus with us.

The tape/pictures will be posted on the website, shared through social media, or placed in our newsletters / advertisements.

Note: It is impossible to guarantee that pictures or tapes will never be shown outside the Beecher Community School District. The intent of any taping is for public relations for the district or for education and/or training. The Beecher Community School District does not and cannot receive any financial benefit from the use of the pictures or tapes.

PICTURE PERMISSION FORM

Name: _____

Address: _____

City: _____ Zip: _____

Please check one of the following statements and sign your name below:

I give permission to the Beecher Community School District for myself, named above, to be videotaped or to have pictures of myself taken.

I do **not** give Beecher Community School District permission to videotape or take pictures of myself.

Typed name as signature: _____

CONCUSSION AWARENESS

Educational Material Acknowledgement Form

I (we), hereby acknowledge having received education about the signs, symptoms and risks of concussions as provided in the information above. I also acknowledge my responsibility to report to my coaches/staff, parent(s)/guardian(s) any signs or symptoms of a concussion.

Student Name Printed

Student Typed Name as Signature

Date

Return this signed form to your child's school that must be kept on file for the duration of school or age 18.

Students and parents please review and keep the educational materials available for future references.

BEECHER COMMUNITY SCHOOL DISTRICT

Beecher Adult Education Program

1020 W. Coldwater Road

Flint, MI 48505

Telephone: (810) 591-9821

Fax: (810) 591-5722

REQUEST FOR THE STUDENT'S TRANSCRIPT AND/OR INFORMATION PERTAINING TO
THE EDUCATION OF

Student Name

Date of Birth

Year(s) Attended

FAX REQUESTED DOCUMENTS (As Soon As Possible)

- Transcript
- Any Other Information

Previous School(s)

Address

City

State

Zip Code

Fax Number

Authorized Signature

*Parental permission is no longer required when records are requested by authorized school personnel (Family Educational & Privacy Act, 6/7/76)

Beecher Adult Enrollment Check Off List

Rev: 11/2022

Email this completed packet to: <mailto:dcastle@beecherschools.org>