

Bessemer Area School District

A.D. Johnston Jr./Sr. High School
100 W. Lead Street
Bessemer, MI 49911
PH: 906-667-0413
Fax: 906-667-0320

STUDENT ENROLLMENT FORM

Today's Date: _____

School Year: _____

Student's Information

Student's LEGAL Last _____ First _____ Middle _____ Gender _____ Grade _____

Street Address _____ City/State _____ Zip Code _____ Home Phone _____

Student's Date of Birth _____ Student's City/State of Birth _____ Student Cell Phone _____

Is the student a US Citizen? ____ Yes ____ No

Ethnicity (BOTH PARTS A AND B MUST BE ANSWERED)

Part A: Is the student Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race)? ____ Yes ____ No

Part B: Choose one or more (*PLEASE NUMBER IN ORDER OF DOMINANT ETHNICITY*)

____ American Indian or Alaskan Native ____ Asian American ____ Black or African American
____ Native Hawaiian or Other Pacific Islander ____ Hispanic or Latino ____ White

*We encourage you to select an answer. If you do not, the US Department of Education **requires** the school district to supply an answer on your behalf.*

Home Language Survey

What language is spoken in your home? _____ What is the student's primary language? _____

Bessemer Area School District

Parent/Guardian Information

HOUSEHOLD #1:

Address (include mailing address, if different)

Name Cell Phone Work Phone Relationship to Student Resides with Student ___ Yes ___ No

Name Cell Phone Work Phone Relationship to Student Resides with Student ___ Yes ___ No

HOUSEHOLD #2 (IF APPLICABLE):

Address (include mailing address, if different)

Name Cell Phone Work Phone Relationship to Student Resides with Student ___ Yes ___ No

Name Cell Phone Work Phone Relationship to Student Resides with Student ___ Yes ___ No

Other Children Living at Home (indicate Household 1 or 2)

Name Date of Birth Name Date of Birth

Name Date of Birth Name Date of Birth

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)

Bessemer Area School District

Medical Information:

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

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

If your student will require medication at school, you must complete the Prescription Medication Form or for over the counter items, the Non-Prescription Medication Form, available in the school office.

Additional information you would like to share:

Parent/Guardian Signature

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 or telephone number changes.

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

Date

FOR SCHOOL USE ONLY

- ☐ Proof Residency (copy attached)
- ☐ Emergency Info
- ☐ McKinney-Vento

- ☐ Immunization Records
- ☐ Consents
- ☐ Lunch Application

- ☐ Birth Certificate Verification _____
- ☐ Schools of Choice

Date of Entry _____

Request for Records Sent on _____

UIC# _____

School Student # _____

Locker # _____

Bus# _____

Bessemer Area School District

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 |
|-------|--------|------|-----|--------|-------|-------------|
| | | | | | | |
| | | | | | | |
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| | | | | | | |

| | | |
|------------------------------------|-----------|------|
| 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 (<u>required</u>) | Title | Signature (<u>required</u>) | Date |
|--------------------------------|-------|-------------------------------|------|

Copies to:

| | |
|------------------------------|--------------------------------------|
| 1. District Homeless Liaison | 2. School Data Entry Person for MSDS |
| 3. Title I Director | 4. Food and Nutrition Services Dept. |

Bessemer Area School District

EMERGENCY CONTACT FORM

STUDENT'S NAME _____ Date of birth _____
Last First Middle

Student Cell Phone _____

School: Washington Elem. _____ ADJ _____ Grade _____ Teacher _____

Primary Household Address _____ Home Phone _____

Parent/Guardian name: _____ Relationship _____
Cell Phone _____ Work Phone _____
Email _____ Employer _____

Parent/Guardian name _____ Relationship _____
Cell Phone _____ Work Phone _____
Email _____ Employer _____

Secondary Household Address _____ Home Phone _____

Parent/Guardian name _____ Relationship _____
Cell Phone _____ Work Phone _____
Email _____ Employer _____

Parent/Guardian name _____ Relationship _____
Cell Phone _____ Work Phone _____
Email _____ Employer _____

Emergency contact _____ Relationship _____ Phone _____

Emergency contact _____ Relationship _____ Phone _____

MEDICAL INFORMATION

Allergies _____

Current medications/treatments _____

Past or current medical concerns _____

Bessemer Area School District

BUS FORM

Please complete this form to let us know if your child(ren) will need busing this school year. Should you have any questions, please contact our Transportation Supervisor at 906-667-0802 x 402.

CHILD/CHILDREN NAME(S)

GRADE(S)

_____ **NO BUSING NEEDED.** (You may skip the rest of the questions and just sign this form.)

=====

Will your child(ren) ride the bus to school? _____ **YES** _____ **NO**

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

(include address)

Will your child(ren) ride the bus from school? _____ **YES** _____ **NO**

If bus, where will your child(ren) go after school?

(Include address)

Parent's Signature

(date)

Phone Number

*If your schedule will be changing daily/weekly, etc., please make sure to give your child's / children's teacher(s) a copy of the schedule as soon as it is known. **REQUESTS TO RIDE A DIFFERENT BUS MUST BE MADE IN WRITING.***

Bessemer Area School District

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 student's 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. ss. 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 Bessemer Area School District 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: ____/____/____

Student Grade: _____ Student's Teacher: _____

Signature of Parent/Guardian
or Eligible Student: _____ Date ____/____/____

Printed Parent/Guardian Name: _____

Please return this form to your child's teacher or to the Bessemer School District Office at 301 E. Sellar Street, Bessemer MI 49911.

Bessemer Area School District

AD Johnston Jr./Sr. High School

General Consent Form for School Year: _____

Media Release

_____(initials) The Bessemer Area School District has a proud tradition of celebrating student accomplishments by sharing them with the community. That may be done through a variety of media sources such as newspapers, the district website and/or Facebook page, TV news releases, etc. We do understand, however, concerns that may arise in regards to a student's right to privacy. I agree to allow my child's name and/or photo and/or image to be published on the school's/district's public internet site, newspaper, magazine, or other media source for publicity and/or recognition purposes.

_____(initials) NO AUTHORIZATION IS PROVIDED.

Technology Usage (Ipads, Chromebooks, Computers)

Please discuss these rules with your student(s)

_____(initials) I understand that:

- Students will use the technology devices for academic related purposes only.
- Students will not use a District issued device or charging locker that is assigned to another student.
- Students will not visit online chat rooms or join discussion groups.
- Students will not send personal email or use instant messaging.
- Students will not download programs or software without permission.
- Students will not remove, deface, or destroy any equipment, hardware, or software.
- Students are prohibited from visiting sites that contain pornographic, racial, or otherwise unethical or offensive material.
- Students will immediately notify the teacher if a questionable or prohibited site appears.
- ***A student who chooses not to follow the rules will be prohibited from using the school's technology devices.***

Virtual Learning

_____(initials) My student has permission to enroll in virtual classes.

_____(initials) My student agrees to adhere to all Odysseyware Policies.

Emergency Medical Authorization

_____(initials) 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.

_____(initials) NO AUTHORIZATION IS PROVIDED. Please describe how you would like staff to respond to an emergency situation when you are not available to give consent: _____

| | | |
|------------------------------------|-------------|---------------|
| Student's Name _____ | Grade _____ | Teacher _____ |
| Parent/Guardian (print) _____ | | |
| Signature of Parent/Guardian _____ | Date _____ | |

Bessemer Area School District

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

100 W. Lead Street

Bessemer, MI 49911

PH: 906-667-0413

Fax: 906-667-0320

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 |
|---------------|---------------------|----------------|
|---------------|---------------------|----------------|

| | | |
|---------------|---------------------|----------------|
| _____ Name | _____ Birth Date | _____ Grade |
|---------------|---------------------|----------------|

| | | |
|---------------|---------------------|----------------|
| _____ Name | _____ Birth Date | _____ Grade |
|---------------|---------------------|----------------|

| | | |
|---------------|---------------------|----------------|
| _____ 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)

SCHOOLS OF CHOICE PROGRAM

(Section 105 - State Aid Act)

*****ONLY FILL OUT IF YOU LIVE OUTSIDE OF THE BESSEMER CITY OR TOWNSHIP AREA*****

Need only to apply once unless you exit the district

School Year _____

Student Application for the School Year 20____ - 20____

2nd Semester _____

School District you wish to attend: _____

- **STUDENT INFORMATION:** (please type or print)

Student Name: _____ Birth Date: _____

Physical Address: _____

City/State/Zip: _____ Phone #: _____

School District of Residence: _____ Last Grade Completed: _____

List any special services required by student, such as special education or transportation:

(Please provide IEP if student currently has one in effect)

HAS STUDENT BEEN SUSPENDED OR EXPELLED FROM ANY DISTRICT WITHIN THE PAST TWO YEARS? Under Section 105--Schools of Choice -- Districts are not required to accept students who have been expelled from another district or suspended within the past two years.

- **PARENT/GUARDIAN INFORMATION:** (Please type or print)

Name of Parent/Guardian: _____

Address: _____ City/State/Zip: _____

Home Phone#: _____ Work/Day Phone #: _____

- **NOTICE OF TRANSPORTATION:** The district to which you are applying is not required to provide transportation. It is suggested you contact the district to discuss all available transportation options
- **ATHLETIC PROGRAM REQUIREMENTS:** Students are required to follow the eligibility requirements of the Michigan High School Athletic Association (MISAA) to which each member high school agreed when they joined the association. Students who transfer under the Schools of Choice program will be eligible for interscholastic athletics for one full semester.

It is the policy of all districts within the Gogebic Ontonagon Intermediate School District that no person on the basis of sex, race, color, religion, national origin or ancestry, age, height, marital status, limited English, or handicap shall be discriminated against, excluded from participation in, denied the benefits or, or otherwise be subjected to discrimination in any program, employment practice, or activity for which it is responsible or for which it receives financial assistance from the United States Department of Education or the Michigan State Department of Education.

Parent/Guardian Signature: _____ Date: _____

Student Signature (if over 18): _____ Date: _____

SCHOOLS OF CHOICE PROGRAM

(Section 105 - State Aid Act)

Date for enrollment shall be 15 calendar days but no later than the end of the first week of the new semester.

****ONLY FILL OUT IF YOU LIVE OUTSIDE OF THE BESSEMER CITY OR TOWNSHIP AREA****

Notification of Acceptance for the School Year 20____ - 20____ School Year _____
2nd Semester _____

Student Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home District: _____

Choice District and Grade in which enrollment has been requested and accepted:

District: _____ Grade: _____

Superintendent or Designee: _____ Date: _____
(signature)

District in which release has been approved:

District Release Superintendent: _____ Date: _____
(Only needed if School of Choice window has closed)

If you agree with the above placement for the school year 20____ - 20____ semester _____, please sign below.

Parent/Guardian Signature: _____ Date: _____

Student Signature (if over 18): _____ Date: _____

After signing, keep a copy of this form for your records, and return a copy no later than the end of the first week of the new semester to the district of acceptance (address shown in the box below). Also, contact the district of acceptance no later than the end of the first week of the new semester to arrange for the transfer of your child's records and complete registration for the new school year of new semester.

(District of Acceptance enter return address here.)

Bessemer Area Schools
301 E. Sellar Street
Bessemer MI 49938