



ENROLLMENT FORM

Bridgman Public Schools
9964 Gast Road, Bridgman MI 49106

Elementary School: 3891 Lake Street
Middle School: 10254 California Road
High School: 9964 Gast Road

Office Use Only

Student ID: _____
UIC#: _____
MCIR: _____
Teacher: _____
Grade: _____ Bus #: _____
Release Info: _____
Schools of Choice: _____
Entry Date: _____
Leave Date: _____
Updated Info: _____

The Board of Education does not discriminate on the basis of race, color, national origin, sex, (including sexual orientation or gender identity), disability, age, religion, height, weight, marital or family status, military status, ancestry, genetic information, or any other legally protected category, (collectively, "Protected Classes"), in its programs and activities, including employment opportunities. The district also complies with requirements of the Immigration Reform and Control Act of 1986.

STUDENT INFORMATION (PLEASE ANSWER ALL QUESTIONS)

Name: _____ Entry Grade: _____
Last First Middle

Other name student may use: _____ Gender: ☐ Male ☐ Female
Last First

Home Address: _____
Street City State Zip

Mailing address, if different: _____

Home Phone: _____ Student Cell: _____ Birth Date: _____

Was the student born outside the US or Puerto Rico? ☐ Yes ☐ No

If yes, what date did the student first enter US schools? _____

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 used most by the student? _____

Ethnicity Code (Please check all that apply):

- | | | |
|--|--|---|
| ☐ American Indian or Alaskan Native | ☐ Black or African American | ☐ Hispanic or Latino |
| ☐ Native Hawaiian or other Pacific Islander | ☐ Asian American | ☐ White |
| ☐ Multiracial (two or more races) | | |

Was a Schools of Choice application completed? ☐ Yes ☐ No District of Residence: _____

Has student ever been suspended or expelled from school? ☐ Yes ☐ No Previous student of district? ☐ Yes ☐ No

Indicate special services student received at previous school: ☐ Speech ☐ Special Education ☐ Title I ☐ 504 ☐ ESL

Name and address of previous school: _____

Kindergarten/Progressive 5 Students: Has student ever attended a preschool program? ☐ Yes ☐ No

If yes, where: _____

CURRENT LIVING SITUATION

☐ Temporary Residence ☐ Permanent Residence

Where is the student currently living? (Check all that apply)

- ☐ In permanent housing ☐ With another family or other person due to loss of housing or as a result of economic hardship
- ☐ In a shelter ☐ Other temporary living (describe) _____
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train, or campsite _____
- ☐ Student was covered under the McKinney Vento Act (homeless) at a previous school during the school year (if yes, please check the homeless box on the free/reduced lunch application)
- ☐ Parent or Guardian is Active Military or a Veteran

ALERT

Do not release my child to:

Name: _____

Relationship: _____

Address, if known: _____

Comments: _____

Adult Male in the Home: Cell Phone: _____

Email: _____

Name: _____

Relationship to Child: _____

Employer Name: _____

Employer Phone: _____

Adult Female in the Home: Cell Phone: _____

Email: _____

Name: _____

Relationship to Child: _____

Employer Name: _____

Employer Phone: _____

Second Home Information: Cell Phone: _____

Email: _____

Name: _____

Relationship to Child: _____

Address: _____

Home Phone: _____

Include in all mailings? ☐ Yes ☐ No

EMERGENCY CONTACTS

(Name of someone we may contact in case we can't reach a parent or guardian)

Name: _____ Relationship to Child: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Name: _____ Relationship to Child: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Name: _____ Relationship to Child: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Other children who reside in home:

Name: _____ Birth Date: ____/____/____ Relationship: _____

Name: _____ Birth Date: ____/____/____ Relationship: _____

Name: _____ Birth Date: ____/____/____ Relationship: _____

HEALTH/MEDICAL INFORMATION

Please check all conditions for which child is under a doctor's care:

- | | | |
|--|--|--|
| ☐ Animal Allergy | ☐ Asthma | ☐ Hearing Impaired |
| ☐ Bee Sting Allergy | ☐ ADD | ☐ Heart Murmur |
| ☐ Environmental Allergy | ☐ ADHD | ☐ Other Heart Problems |
| ☐ Food Allergy**: _____ | | |
| ☐ Diabetes | ☐ Hemophilia | |
| ☐ Medication Allergy | ☐ Insulin Dependent | |
| ☐ Other Known Conditions: _____ | | |
| ☐ Other Allergies | ☐ Epilepsy | ☐ Hay Fever |
| ☐ Headaches | ☐ Wears Glasses | ☐ No Known Medical Problems |

****Please Note:** If a food allergy is indicated, please provide specific documentation from child's doctor to be shared with teachers and food service employees.

Additional Comments: _____

Physical Limitations: _____

MEDICATION

Indicate any medication that your child takes and how often it is to be taken.

If it is to be taken at school, please request an authorization form.

Medication: _____

Dosage: _____

How Often: _____

Medication: _____

Dosage: _____

How Often: _____

IF ANY OF THIS INFORMATION CHANGES DURING THE YEAR, BE SURE TO NOTIFY US. THIS INFORMATION AFFECTS OUR ABILITY TO HANDLE AN EMERGENCY.

Medical Treatment Consent: As a parent/guardian of the listed student, I recognize that as a result of normal participation in school activities, emergency medical treatment may become necessary and that school personnel may be unable to contact me or my emergency contacts for consent to emergency medical care. I hereby give my consent to emergency care, including ambulance transportation and hospital services, as deemed necessary under the existing circumstances.

☐ Yes ☐ No

RIGHTS AND PRIVACY ACT

In compliance with the Federal Statute "Family Educational Rights and Privacy Act of 1974, Section 99.34 which reads as follows: Schools may send a student's educational record to officials of other schools or school systems in which the student seeks or intends to enroll, upon condition that the student's parents be notified of the transfer, receive a copy of the record, if desired, and have an opportunity to challenge the content of the record. I affirm that as the parent/legal guardian, all information provided is true and accurate and that my child and I reside at the above listed address. I understand any false information provided by me might subject me to legal penalties for perjury.

Having read the Privacy Act statement above, please send the educational records for this student." ☐ Yes

I wish to opt-out from releasing student directory information (Policy 8330). The Board designates as student "directory information": a student's name; address; telephone number; date and place of birth; major field of study; participation in officially-recognized activities and sports; height and weight, if a member of an athletic team; dates of attendance; date of graduation; or awards received. Directory information shall not be provided to any organization for profit-make purposes.

☐ Yes ☐ No

I give my permission and assume responsibility for my child to participate in field trips. These field trips enhance the children's educational learning and experiences. Students may take buses to reach their destination or may walk to local establishments, for example, local businesses

☐ Yes ☐ No

I have read the Parent & Student Concussion Information Sheet that was prepared by the MI Dept. of Community Health

☐ Yes ☐ No

I have read the Consent for Disclosure of Immunization Information to Local and State Health Department and authorize Bridgman Public Schools to release my child's immunization record to the MDHHS 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.

☐ Yes ☐ No

High School Only: Do you wish to opt-out from receiving US Military mailings?

☐ Yes ☐ No

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

Tribal Affiliation Data Collection

NOTE: Responding to this questionnaire is optional. The information collected will support coordination and communication with Tribal Nations and help Bridgman Public Schools determine its eligibility to apply for additional funding to support Indigenous learners.

Student Full Legal Name: _____

Parent/Guardian Name(s): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Grade: _____ Birth Date: _____

For this data collection, tribal affiliation refers to an individual with ties to one or more Indigenous Nations through citizenship, membership, enrollment, or descendency.

Question A: **Is this student tribally affiliated?**

- ☐ Yes, the student is tribally affiliated
- ☐ No, the student is not tribally affiliated

Question B: **If the student is tribally affiliated, what is their primary tribal affiliation?** (Choose only one)

- ☐ Bay Mills Indian Community
- ☐ Grand Traverse Band of Ottawa and Chippewa Indians
- ☐ Hannahville Indian Community
- ☐ Keweenaw Bay Indian Community
- ☐ Lac Vieux Desert Band of Lake Superior Chippewa Indians of Michigan
- ☐ Little River Band of Ottawa Indians
- ☐ Little Traverse Bay Band of Odawa Indians
- ☐ Match-e-be-nash-she-wish Band of Pottawatomis Indians of Michigan
- ☐ Nottawaseppi Huron Band of the Potawatomi
- ☐ Pokagon Band of Potawatomi Indians
- ☐ Saginaw Chippewa Indian Tribe of Michigan
- ☐ Sault Ste Marie Tribe of Chippewa Indians
- ☐ Not Listed