



Bedford Public Schools Registration Packet

OFFICE USE ONLY:

Application #: _____

Student #: _____

Home School: _____

School Attending: _____

Date Registered: _____

Staff Initials: _____

☐ Transfer request:
Home School: _____

Requested School: _____

☐ Schools of Choice
Resident District: _____

☐ Residency Affidavit

Student's Legal Name: _____

Student's Preferred Name To Be Called: _____

Date of Birth: _____ Gender: _____

Birth Place (City, State): _____

Street Address: _____

City, State, Zip: _____

Grade: _____

Special Education:

- ☐ IEP Speech
- ☐ IEP Academic
- ☐ 504 _____
- ☐ PK Speech
- ☐ Other _____

Preschool:

- ☐ GSRP
- ☐ Head Start
- ☐ ECSE
- ☐ Other/Preschool _____

Last School Attended: _____

Street Address: _____

City, State, Zip: _____

Phone #: _____

Has your student previously attended Bedford Public Schools? ☐ No ☐ Yes, Year attended _____

Has your student been expelled or withdrawn due to an expulsion? ☐ No ☐ Yes

Explain incident _____

Has your student been suspended for 9 or more consecutive days? ☐ No ☐ Yes

Explain incident _____

Needed for Enrollment:

- ☐ Birth Certificate
- ☐ MI Driver's License
- ☐ Lease/Mortgage
- ☐ Utility Bill

- ☐ Custody/Guardian Paper
- ☐ Marriage License
- ☐ Immunizations

Additional for Young 5's and Kindergarten:

- ☐ Vision/Hearing Screening
- ☐ Dental Screening
- ☐ Kdg Waiver

Mother's Information

Legal Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email address: _____

Employer: _____

Military: ☐ Yes ☐ No ☐ Active ☐ Reserve

☐ Single ☐ Married ☐ Divorced ☐ Separated

Student lives with: ☐ Mom

Custody Arrangements: ☐ Yes

Father's Information

Legal Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email address: _____

Employer: _____

Military: ☐ Yes ☐ No ☐ Active ☐ Reserve

☐ Single ☐ Married ☐ Divorced ☐ Separated

☐ Dad ☐ Both

☐ No ☐ Pending

If student's parent is remarried, please complete the following:

Step Father

Legal Name: _____

Phone Number: _____

Step Mother

List of other children in household:

Name:	Gender:	Birth Date:	Attends BPS:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency contacts- Other than parent or guardian listed above:

Relationship:	Legal Name:	Phone Number:
_____	_____	_____
_____	_____	_____

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____

Bedford Public Schools District, English as a second language home language survey

Michigan welcomes families of all language backgrounds. Speaking more than one language is a valuable asset! Bedford Public Schools is collecting information regarding the language background of its students. This information will be used by the district to identify the students who should be provided (ESL) English as a Second Language instruction. Please provide the following information:

Please answer the 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.

1. What language is used most at home? _____
2. What language is used most by the student? _____
3. What is that language your child first spoke? _____

Title III Immigrant Funding Identification Question

1. Was the student born outside the US or Puerto Rico? _____
If yes, when did the student enter the US schools? _____

Race and Ethnicity Survey (Complete Part A and B)

Part A. Is this student (or are you) Hispanic/Latino? (Choose only one)

- ☐ No, not Hispanic/Latino
- ☐ Yes, Hispanic/ Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Part B. What is the student's (or your) race? (Choose one or more)

- ☐ American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment).
- ☐ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).
- ☐ Black or African American (A person having origins in any of the black racial groups of Africa.)
- ☐ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).
- ☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

Is this student tribally affiliated?

- ☐ No, not tribally affiliated
- ☐ Yes, tribally affiliated

If yes, what is their primary tribal affiliation (check only one)

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

School Name _____ School Year _____

Student's Legal Name _____

Birth Date _____ / _____ / _____
Month Day Year

Gender: _____

Grade _____

The answer you give below will help determine your child's eligibility for services under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate.

Where is the student currently living? (Please check **one** box.)

- ☐ Permanent Housing ☐ Foster care placement as of _____ (date)
- ☐ Homeless shelter ☐ Motel/Hotel
- ☐ Youth Shelter ☐ Domestic violence shelter
- ☐ Doubled-Up (temporarily living/staying with another family member/friend/other due to loss of housing or economic hardship)
- ☐ Other location (e.g. in a car, park, bus, train or campsite)
- ☐ Other temporary living arrangement (please describe) _____

Parent/Legal Guardian Name _____

Address _____ Phone _____

City, State _____ Zip _____

☐ Please check if new address or phone number

PLEASE READ: Presenting false information, false records or falsifying records is an offense punishable by federal and state law. By signing below, you attest that all information provided on this form is true and accurate.

Parent/Guardian Signature: _____ Date: _____

For School Use Only:

I certify the above named student is eligible to receive services under the McKinney-Vento Act including participation in the Child Nutrition Program.

McKinney-Vento Liaison Signature _____ Date _____

If eligible, I plan to use BPS Transportation System ☐ **YES** ☐ **NO**

If your child will be cared for before and/or after school by a childcare provider, please complete the following:

Provider Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Please check all that apply:

☐ Mon	☐ Tue	☐ Wed	☐ Thu	☐ Fri
☐ AM	☐ AM	☐ AM	☐ AM	☐ AM
☐ PM	☐ PM	☐ PM	☐ PM	☐ PM

Health Information

Office use only:

Student's Legal Name: _____

Immunizations ☐ Yes ☐ No

Address: _____

Hearing/Vision ☐ Yes ☐ No

Date of Birth: _____ Grade: _____

Dental ☐ Yes ☐ No

School Building: _____

FERPA Consent ☐ Yes ☐ No

Allergies: ☐ Asthma ☐ Bee Sting ☐ Food ****Special Diet Statement required for food allergy****

☐ Medication _____ ☐ Other _____

Any known medical problems:

Any current medication student is taking:

Other:

EMERGENCY: I give permission to BEDFORD PUBLIC SCHOOL DISTRICT to secure emergency medical and/or emergency surgical treatment for the minor child named above while in care. I will not hold the school district financially responsible for the emergency care and/or transportation of said minor.

Consent for Disclosure of Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools, 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 students 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. § 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 disclosure of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

____ I authorize Bedford Public Schools 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.

____ I **DO NOT** authorize Bedford Public Schools to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department.

Name of Parent/Guardian:

Parent/Guardian Signature:

Date: _____



Bedford Public School

1135 Smith Road
Temperance, MI 48182
Phone: 734-850-6000
Fax: 734-850-6099

Student Records Release

Student's Legal Name: _____

Date of Birth: _____

Grade: _____

Previous School Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Please release all academic records, including transcripts, credits earned, grades, test scores, attendance, disciplinary records, health, speech and hearing reports, immunizations, and special education/504 records to:

_____ Douglas Road Elementary
6875 Douglas Road
Lambertville, MI 48144
734-850-6700
Fax: 734-850-6799
Email: pat.maraugha@mybedford.us

_____ Bedford Junior High
8405 Jackman Road
Temperance, MI 48182
734-850-6200
Fax: 734-850-6299
Email: megan.seiler@mybedford.us

_____ Jackman Road Elementary
8008 Jackman Road
Temperance, MI 48182
734-850-6600
Fax: 734-850-6699
Email: amy.krupp@mybedford.us

_____ Bedford High School
8285 Jackman Road
Temperance, MI 48182
734-850-6100
Fax: 734-850-6199
Email: tiffany.cooper@mybedford.us

_____ Monroe Road Elementary
7979 Monroe Road
Lambertville, MI 48144
734-850-6800
Fax: 734-850-6899
Email: katie.schoch@mybedford.us

Parent/Guardian Signature:

Date:

Bedford Transportation Request Form

Student Name: _____ Grade: _____

Parent/Guardian: _____ Phone: _____

School Name: _____ Student #: _____

AM Transportation Needed: ☐ Yes ☐ No

AM Pickup Address: _____

PM Transportation Needed: ☐ Yes ☐ No

PM Drop-Off Address: _____

Alternate Pickup (AM): ☐ Yes ☐ No

If marked **YES** for Alternate AM pickup, please indicate days needing alternate transportation

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Alternate Address:

Alternate Drop-Off (PM): ☐ Yes ☐ No

If marked **YES** for Alternate PM pickup, please indicate days needing alternate transportation

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Alternate Address:
