



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:	_____

In compliance with federal and state equal access laws, the Bridgman Public Schools does not discriminate on the basis of race, color, religion, sex, national origin, age, marital status or handicap. 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, different: _____

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

Place of Birth: _____ Is this Student a US citizen? Yes No First Year in USA? Yes No

Native Language: _____ Primary language used at home: _____

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? Yes No

Indicate special services student received at previous school: Speech Special Ed Title 1 504 ESL

Name and address of previous school: _____

Kindergarten/Progressive 5's Students: Has student ever attended a preschool program? Yes No Where: _____

CONTACT INFORMATION

Temporary Residence Permanent Residence (please check one)

With whom child resides:

- Both Parents Mother/Step Father
 Mother Only Father/Step Mother
 Father Only Foster Home
 Legal Guardian Court Placed
 Relative (_____) Other (_____)

ALERT
Do not release my child to:
Name: _____
Relationship: _____
Address, if known: _____
Comments: _____

Adult Male in the Home: Cell Phone: _____

Name: _____

Employer Name: _____

Adult Female in the Home: Cell Phone: _____

Name: _____

Employer Name: _____

Email: _____

Relationship to child: _____

Employer Phone: _____

Email: _____

Relationship to child: _____

Employer Phone: _____

Second Home Information: Cell Phone: _____ Home Phone: _____ Email: _____

Name: _____ Relationship to child: _____

Address: _____ Include in all mailings? Yes No

Street City State Zip

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: _____

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

HEALTH/MEDICAL INFORMATION

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

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Animal Allergy | <input type="checkbox"/> Asthma | <input type="checkbox"/> Hearing Impaired |
| <input type="checkbox"/> Bee Sting Allergy | <input type="checkbox"/> ADD | <input type="checkbox"/> Heart Murmur |
| <input type="checkbox"/> Environmental Allergy | <input type="checkbox"/> ADHD | <input type="checkbox"/> Other Heart Problems |
| <input type="checkbox"/> Food Allergy**: _____ | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Medication Allergy | _____ Insulin Dependent | <input type="checkbox"/> Other Known Conditions: _____ |
| <input type="checkbox"/> Other Allergies | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> No Known Medical Problems |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Headaches | |

**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: _____

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."

I further authorize Bridgman Public Schools to share any or all of the aforementioned information with appropriate school staff for the purpose of providing a safe and healthy environment for my child.	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my child's picture(s) to be used in school/community publications as deemed appropriate by the school	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have read the Parent & Student Concussion Information Sheet that was prepared by the MI Dept. of Community Health	<input type="checkbox"/> Yes <input type="checkbox"/> No

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