

BENZIE CENTRAL MIDDLE SCHOOL

9300 Homestead Road

Benzonia, MI 49616

Phone: 231-882-4498

Fax: 231-882-7627

WELCOME!

Thank you for enrolling your student in the Benzie County Central School District.

Included in the attached enrollment packet are the following documents:

- Enrollment Form
- Public Act 328 – States whether or not your child has been expelled from any other school district. Please fill in student name and date of birth, check an option and sign at the bottom.
- Residency Verification Affidavit – This form is to verify you live in our district. Please provide two (2) separate items showing physical address and fill out bottom portion. If you are residing with another family, the person whom you are residing with needs to sign the form and provide proof of address.
- Record Request – This allows Benzie Central Middle School to get information from the previous school your child attended.
- Transportation Request – This form is faxed to our transportation department.
- Affidavit of Proof of Student Age and Identity – You must provide a certified birth certificate.
- Title VII Student Eligibility Certification – This form is optional. This form determines if your child meets the criteria to qualify under the Indian Education Program.
- Permission to Publish Student Photographs and/or work
- Benzie County Schools Internet Registration Contract

Documents you will need to provide:

- Certificate copy of birth
- Two Separate items showing physical address
- Immunizations
- Last report card
- If your child is in special education please provide most recent IEP.

- Please list other siblings:

Name	Grade	School Attending

- Will your child be taking any medication at school on a regular basis? _____ If yes, name of medication _____ All medication taken at school must be brought in by an adult in the original prescription bottle. A medication form must be signed by the doctor and/or parent/guardian.
- Please list any circumstances you would like us to be aware of (i.e. allergies): _____
- Is your child or has your child been in special education? _____ If yes, what is his/her label? _____
- Please check the box if you would like to receive the "Daily Blurbs" (daily student announcements) and other notifications from Benzie Central Middle School via email.

EMAIL ADDRESS: _____

PARENT SIGNATURE _____

*THANK YOU. WE LOOK FORWARD TO WORKING WITH
YOU AND YOUR SON/DAUGHTER HERE AT BENZIE CENTRAL MIDDLE SCHOOL*

*****OFFICE USE ONLY*****

Date enrolled _____ ID # _____ UIC: _____

Locker Number: _____

Immunizations: Complete Incomplete Birth Cert. Social Sec. Card

Student entered in the following: PowerSchool MCIR Schedule Star

c:/mydocs/enrollment form/word
revised 6/09

PUBLIC ACT 328

Public Act 328 (effective January 1, 1995), requires public school districts to expel any student who possesses a dangerous weapon in a weapon-free school zone or commits either arson or rape in a school building or on school property (including school buses and/or other school transportation).

A dangerous weapon is defined as "a firearm, dagger, dirk, stiletto, knife with a blade over three (3) inches in length, pocket knife opened by a mechanical device, iron bar or brass knuckles" or other devices designed to or likely to inflict bodily harm, including, but not limited to, air guns and explosive devices.

Pursuant to 1995 Public Act 328 _____
(student name) (date of birth)

Check One:

- ___ 1. Has not been expelled from another school
- ___ 2. Has been expelled from another school (or has expulsion charges pending).
- ___ 3. Is currently under suspension from another school.

If you checked box 2 or 3, please explain the circumstances below:

I understand and agree that pursuant to 1995 Public Act 328 that:

- (1) The Benzie County Central Schools will request records from the above named student's previous school(s); and*
- (2) Until the records are received and reviewed by the school, enrollment is conditional; and*
- (3) If student records received from the previous school(s) are not as represented above, the above named student may be excluded from Benzie County Central Schools immediately without further recourse.*

Signature: Parent/Guardian (or student if 18 years of age or more) Date

BENZIE COUNTY CENTRAL SCHOOLS
9222 Homestead Rd,
Benzonia, MI 49616
231-882-9653

RESIDENCY VERIFICATION AFFIDAVIT

PLEASE READ CAREFULLY

Michigan school districts have the right to require proof of residency regarding enrollment. By signing this affidavit, you are affirming that the address given on all forms is the current legal residence of the parent/guardian enrolling the student and is the residence of the student.

SHOULD THE SCHOOL DISTRICT LEARN THAT THE NOTED ADDRESS IS NOT THE RESIDENCE AND/OR THE PARENT/GUARDIAN LIVES OUTSIDE SCHOOL DISTRICT BOUNDARIES AND THE STUDENT IS NOT AN AUTHORIZED NON-RESIDENT STUDENT, HE/SHE WILL BE EXCLUDED FROM THE SCHOOL DISTRICT IMMEDIATELY.

Further, the district shall require payment of tuition for the time in attendance as a non-resident and will take legal steps to recover the same.

The Benzie County Central School District requires verification of residency by parent/guardian providing originals of two separate items on the list below. School district personnel will make copies and return the originals. All documents must be current and contain name and address. Envelopes with the post office forwarding label will not be accepted.

- Driver's License OR Voter Registration
- Insurance Form
- Lease Agreement
- Purchase Agreement
- Moving Bill
- Utility Bill
- Other – Specify _____

If living in the home of another person and no rental or lease agreement exists, that person must sign this document and provide one proof of residency. Parent/guardian must provide the second proof item.

Person With Whom Residing:

Signature: _____ Date: _____

Signature of Parent/Guardian

Student Name

Grade

Address: _____

P.O. Box #

Street

City: _____ State: _____ Zip Code: _____

Phone: _____

Benzie County Central School District
Benzie Central Middle School
9300 Homestead Rd
Benzonia, MI 49616
Phone: 231-882-4498 Fax: 231-882-7627

RECORD REQUEST

Name of Last School Attended: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Fax Number: _____

The following student has enrolled in our school district:

Name: _____ Grade: _____ Birthdate: _____

Please forward the above students cumulative records, including any psychological testing and/or any other special testing for academic class information.

PI 93-380, THE FEDERAL FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT says that written consent of the parent/guardian/eligible student IS NOT REQUIRED to release educational records to officials of other schools or school systems in which the student seeks or intends to enroll.

Signature: Parent/Guardian/School Official

Date

OFFICE USE ONLY

Please fax the following as soon as possible:

- | | |
|--|---|
| <input type="checkbox"/> Immunization Record | <input type="checkbox"/> Social Security Number |
| <input type="checkbox"/> Last Report Card/Most Recent Grades | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Any Special Ed Information | <input type="checkbox"/> UIC Code |

BENZIE COUNTY CENTRAL SCHOOLS TRANSPORTATION REQUEST

All information below must be completed and received by the Transportation Department prior to service being provided. The Director of Transportation will check your address for a safe, legal bus stop and contact you within three school days with your route number and pick-up/drop-off times.

Student Name: _____

Address: _____

City: _____ Zip Code: _____

School: _____ Grade: _____

Phones: Home; _____ Work; _____ Cell; _____

Email: _____

Pick-up/Drop-off address: (if different) _____

Mother Name: _____ Work Phone: _____

Father Name: _____ Work Phone: _____

On the lines below please list emergency contacts.

It is very important that we are supplied with at least one alternate contact name and/or number, particularly for elementary students.

Name: _____

Relation to child/family: _____ Phone: _____

Name: _____

Relation to child/family: _____ Phone: _____

If there is any further information (i.e. medical, allergies, etc.) you feel we should be aware of, please explain: _____

FOR ELEMENTARY STUDENTS ONLY - We will not drop your child off at a location unless there is adult supervision. Please see Transportation Guidelines.

Parent/Guardian
Signature: _____ Date: _____

*****OFFICE USE ONLY*****

Student's Legal Name:

First: _____

Middle: _____

Last: _____

Date of Birth: _____

City Of Birth: _____

Mother's Name: _____

Maiden Name: _____

Father's Name: _____

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202

TITLE VII STUDENT ELIGIBILITY CERTIFICATION

Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

NAME OF CHILD _____ Date of Birth _____
(as shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

Federally Recognized, State Organized Indian Group
 Including Alaska Native Recognized Terminated Meeting #5 of the
Definition Above

Name of individual with tribal membership: _____

Individual named is (check one): Child Child's Parent Child's grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) _____ **OR**
Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided is accurate:

PARENT SIGNATURE: _____ DATE: _____

Mailing address: _____ Telephone _____

Notice: Public Reporting Burden Notice on Reverse Side

PAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1875-0240. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form: including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., FOB-6/Room 5C152, Washington, D.C. 20202-6335.

BENZIE COUNTY SCHOOLS INTERNET REGISTRATION CONTRACT

In exchange for the use of the Benzie County Schools Internet Connections,

I, _____
agree to abide by the contents of the Benzie County Schools Internet policy and the following Internet Registration Contract:

That the use of the Benzie County Schools Internet Connection is a privilege may be revoked by staff or faculty at any time for abusive and/or inappropriate conduct. Such conduct would include, but not be limited to, the placing of unlawful information or graphics on the system, and the use of obscene, abusive or otherwise objectionable language in either public or, upon the registration of complaint, private messages or other systems that are accessed through the Benzie County Schools Internet Connection. The staff and faculty of the Benzie County Schools will be the sole arbiter of what constitutes obscene, abusive or objectionable language or conduct.

That the use of the Benzie County Schools Internet Connection is a privilege which may be revoked by the administration of the system at any time for conduct that embarrasses, harms or in any way detracts from the good name and reputation of the Benzie County Schools and/or its faculty and staff, or any organizations, groups and institutions with which the Benzie County Schools Internet Connection or affiliated. The faculty and staff of the Benzie County School is the sole arbiter of what constitutes this unacceptable conduct.

That the Benzie County Schools Internet Connection reserves the right to review any materials stored in any files and will edit or remove any material which the faculty or staff, at its sole discretion, believes may be unlawful, obscene, abusive or otherwise objectionable.

That all information services and features contained on the Benzie County Schools Internet Connection are intended for the educational use of the students and faculty and staff, and any commercial and/or unauthorized use of these materials and/or services is strictly forbidden.

That the use of email services is allowed and encouraged as an educational activity via the school server. Students wishing to use email must request an email address.

That in consideration for the privilege of using the Benzie County School Internet Connection and in consideration of having access to the information contained within, I hereby release the Benzie County Central Schools and its faculty and staff, and all organizations, groups and institutions with which the Benzie County Schools Internet Connection is affiliated, for any and all claims of any nature arising from use, or inability to use, said Internet connection.

In severe cases, a student may be assigned detention, or forfeit computer privileges for a set period of time.

Signature of Parent/Guardian

Signature of Student

Date

BENZIE CENTRAL SCHOOLS

PERMISSION TO PUBLISH STUDENT PHOTOGRAPHS AND/OR WORK

We recognize the value of audio-visual and other types of electronic communication in providing your child with an effective education. We recognize that your child and/or his/her schoolwork products may be photographed or videotaped as part of an educational program produced by the District or coalition of districts. We further recognize that photographs or videotapes may be used in media presentations that are made available to other educational institutions or through a cable television station or network.

In addition, photographs may be used on the District web site, may be published in teacher web pages, or may be distributed to local print media sources. We understand that our child's image, name, work product, school and grade may be revealed in the presentation(s) but that no other information about our child or his/her schoolwork will be revealed without prior consent.

Please circle your preference below and sign the form. If the signed form is not returned, it will be assumed that your permission has been given to publish your child(ren)'s likeness and work.

YES

please use my child's picture and/or work including newsletters, web sites, newspapers and videos.

NO

please do not use my child's picture and/or work including newsletters, web sites, newspapers and videos.

Student(s) Name: _____

Name: _____

Name: _____

Parent's Signature: _____

Printed Name: _____

Date: _____

To see examples of work that is already published on the World Wide Web, visit our district's web site at www.benzie.k12.mi.us. Thank you for your cooperation.

Benzie County Central Schools Publishing Guidelines:

- Published documents will not include a child's phone number, street address, box number or names of other family members.
- Documents will not include any information which indicates the physical location of a student at a given time other than attendance at a particular school or participation in school activities.
- Documents must conform to school board policies and established school guidelines.
- Documents must be approved by a referring teacher and a member of the technology team before publication.

It is the policy of this District that no student shall be discriminated against on the basis of race, color, religion, national origin or citizenship status, creed or ancestry, age, gender, disability, height, weight, or other protected characteristics.