



BRANDYWINE COMMUNITY SCHOOLS

1830 S 3RD ST. NILES, MI 49120
Student Enrollment Form

OFFICE USE ONLY

Date: _____
Teacher: _____
Records Request _____
RCV'd Records _____

STUDENT INFORMATION (Please Print)

Grade: _____ Previous student in this district? Yes No

Student's Legal Last Name		Legal First Name		Middle Name	Suffix
Birth Date MM/DD/YYYY		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Preferred Name		<input type="checkbox"/> SOC <input type="checkbox"/> IN DISTRICT <input type="checkbox"/> TUITION
Street Address (Primary Household)				Apt/Lot #	PO Box
City	State	Zip	County		

Answers to this residency information help determine services the student may be eligible to receive under the McKinney-Vento Act.

Is this address a temporary living arrangement due to loss of housing or economic hardship? Yes No

LEGAL PARENT(S) OR GUARDIAN(S) LIVING IN PRIMARY HOUSEHOLD

Full Legal Name(s) (First, Middle, Last)		
Relationship to Student	<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Court Guardian <input type="checkbox"/> Other _____	<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Court Guardian <input type="checkbox"/> Other _____
Employer Name		
Employer Phone		
Cell Phone		
Email Address		
ACTIVE MILITARY	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Michigan law allows student information to be shared with both parents, regardless of marital status, unless a court order dictates otherwise. Please provide the school with any current legal court documents or restraining orders pertaining to this student.

SECONDARY HOUSEHOLD INFORMATION (Does student have a legal parent/guardian living at a different residence?) YES NO

Full Legal Name(s) (First, Middle, Last)		
Relationship to Student	<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Court Guardian <input type="checkbox"/> Other _____	<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Court Guardian <input type="checkbox"/> Other _____
Address		
Employer Name		
Employer Phone		
Cell Phone		
Email Address		
ACTIVE MILITARY	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

OTHER CHILDREN LIVING IN STUDENT'S PRIMARY HOUSEHOLD

Last Name	First Name	Gender	Birth Date	Grade	Relationship to Student
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			

ETHNICITY & RACE / HOME LANGUAGE

NOTE: Please answer both parts of the Ethnicity and Race sections. Regardless of what you select for Ethnicity, please select one or more boxes to indicate what you consider your student's race to be. If either part is not answered, the U.S. Department of Education requires the school district to supply an answer on your behalf.

<p>Ethnicity: Is this student Hispanic/Latino? (Choose only one) (Not a race question) <input type="checkbox"/> No <input type="checkbox"/> Yes (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)</p>
<p>Race: (Choose one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White</p>
<p>Is your child's native tongue a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the language _____?</p> <p>Is the primary language used in your child's home or environment a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the language _____?</p> <p>(Sections 380.1152-380.1157 of the School Code of 1995)</p>

SPECIAL SERVICES

Was Student expelled/suspended from previous school? YES NO

Is your student receiving any special services such as 504 plan Special Education IEP

Free/Reduced Meals Other _____

By signing this form, you are agreeing that the above information is true and accurate.

Parent/Legal Guardian Signature

Date _____

Brandywine

Community Schools

“Committed to Every Student’s Success”

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Merritt Elementary
1620 LaSalle Ave.
Niles, MI 49120
269-684-6511 phone
269- 684-8940 fax | <input type="checkbox"/> Brandywine Elementary
2428 S 13 th Street
Niles, MI 49120
269-684-8574 phone
269-684-8924 fax | <input type="checkbox"/> Middle/Senior High
1700 Bell Rd
Niles, MI 49120
269-683-4800 phone
269-683-1186 fax | <input type="checkbox"/> Brandywine Innovation Academy
1830 S 3 rd Street
Niles, MI 49120
269-683-8805 phone
269-684-8998 |
|--|---|--|--|

AUTHORIZATION FOR RELEASE OF RECORDS

PREVIOUS SCHOOL INFORMATION

Name of School	Student Name	DOB
Address of School	City, State, Zip	
School Phone	School Fax	
School Email	Withdrawal Date	

*******SCHOOL USE ONLY*******

NOTES: _____

*According to the Family Education Rights and Privacy Act dated June 17, 1976 it is no longer necessary to obtain written consent to release records between schools. School officials, including teachers within the educational institution and officials of other school systems in which a student may intent to enroll, may receive a student’s records without written consent for such release.

Parent/Legal Guardian Signature

Date _____

TRANSPORTATION INFORMATION

1700 Bell Road Niles, MI 49120

Phone (269) 683-5311 or 269-683-4800 ext 2204 Email to: dseidner@brandywinebobcats.org

Parents/Guardians: Please fill out this sheet if your child will be riding a bus to or from school any time during the _____ school year.

If bus service is needed, please check which school

- | | | | |
|--|-----------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> High/Middle School | <input type="checkbox"/> TO | <input type="checkbox"/> From | <input type="checkbox"/> Both |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> TO | <input type="checkbox"/> From | <input type="checkbox"/> Both |
| <input type="checkbox"/> Merritt | <input type="checkbox"/> TO | <input type="checkbox"/> From | <input type="checkbox"/> Both |

Student's Legal Last Name	Legal First Name	Middle Name	Suffix
Birth Date MM/DD/YYYY	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Grade	
Parent/Guardian			
Street Address (Primary Household)		Apt/Lot #	PO Box
City	State	Zip	County

Must check one box below	AM/Pick-up
<input type="checkbox"/> Home <input type="checkbox"/> Childcare <input type="checkbox"/> Relative <input type="checkbox"/> Other	Name of Person Going to:
	Location:
	Address:
	City, Zip
	Phone:
	COMMENTS:

↑↑ **COMPLETE BOTH AM and PM** ↓↓

Must check one box below	PM/Drop-off
<input type="checkbox"/> Home <input type="checkbox"/> Childcare <input type="checkbox"/> Relative <input type="checkbox"/> Other	Name of Person Going to:
	Location:
	Address:
	City, Zip
	Phone:
	COMMENTS:

TRANSPORTATION INFORMATION (CONTINUED)

HEALTH/MEDICAL INFORMATION

NO KNOWN MEDICAL PROBLEMS

Please state any health problems including food allergies that the school staff should be aware of.

If you have a child in Kindergarten our school policy is to have an adult at the bus stop otherwise the student will not be dropped. Would you like to have this waived? YES NO

By my signature below, I make application for transportation services as outlined above and in the accompanying guidelines. I attest that the home address listed above is the true residence of the student(s) named above. I understand that acceptance of this application by the BCS Transportation Department does not guarantee any service outside the guidelines stated in the "**BCS Transportation Student Manual.**" I understand that if request is granted my student(s) will be picked up/dropped off at the closest designated stop to the requested address and that I/we are obligated to file a new application if we change any of the above information.

Parent/Guardian Signature: _____ Date: _____

- A new Transportation Request must be submitted each school year.
- Students are to ride their assigned buses only.
- Changes not allowed without prior approval from the Transportation Department.

Forms due to bus garage by July 15th for Kindergarten.
Forms due to bus garage by August 1st for all others.