

General Information	Information
Grade to be enrolled (Check ONE):	9 10 11 12
Enroll child in Band or Chorus:	Band Chorus
Student's Legal Name/Preferred Name:	
Birthplace (City Only):	
Birthdate: (month/day/year)	
Physical Address:	
Home Phone:	
2nd Phone ** (joint custody)	
Parent/Guardian Email Address:	
Second Parent/Guardian Email Address:	
Parent/Guardian General Information	Information
Mother:	
Employer:	
Work Phone/Cell Phone	
Father:	
Employer	
Work Phone/Cell Phone	
Student Cell Phone:	
Step Parent's Name:	
Employer:	
Work Phone/Cell Phone	
Lives with/Who has custody?	

In an **EMERGENCY** situation when we cannot reach you at home or at work, please list two people who have agreed to take responsibility for your child and consented to the release of their address and phone numbers so we may reach them as an alternative.

Emergency Contact Person(s) Information	
Name and phone of first contact:	
Relationship to student:	
Name and phone of second contact:	
Relationship to student:	
Medical Information	Information
Doctor's Name:	
Doctor's Phone:	
Dentist's Name:	
Dentist's Phone:	

If deemed necessary, your child will be sent to your family doctor or emergency room at parent/guardian's expense. As a parent/guardian, I authorize medical personnel to render necessary medical treatment to my child. I give consent to release this information to Breitung Township School District personnel to promote the health and safety of my child, thus enhancing his ability to learn.

Signature required: _____ Dated: _____

The above signature acknowledged that I have read and consent to the above.

Second School Mailings	Information
If duplicate mailings are needed, please indicate name and address of recipient.	

This signature is to verify that the address on this card is the address at which this student resides, as mandated by the State of Michigan.

Signature required: _____ Dated: _____

** 2nd Home Phone and 2nd Email are used for PowerAnnouncement

