

General Information	Information
Grade to be enrolled (Check ONE):	6 7 8
Enroll child in Band or Chorus:	Band (6, 7, 8) Chorus (8)
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

Name: _____

Health History	Information		
List allergies:			
List diseases, operations, injuries and year:			
List Medication administered at home:			
List Medication administered at school:			
Parent/Guardian Permission	Information (Check ONE and initial)		
<i>Authorized BTS personnel may administer to my child:</i>			
Non-aspirin (Tylenol or Motrin)	YES	NO	Initial: _____
Has your child had Chicken Pox?	YES	NO	Initial: _____
Was your child vaccinated Chicken Pox?	YES	NO	Initial: _____
Field Trip Permission			
I grant permission for my child to attend in-district functions	YES	NO	Initial: _____

The following section of Race and Ethnicity is required by the Michigan and US Departments of Education

Race and Ethnicity: (Note: Both Part A and Part B of the question must be answered.)

Part A:	Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.) (Choose only one)
	<input type="checkbox"/> No, not Hispanic/Latino
	<input type="checkbox"/> Yes, Hispanic/Latino

The above part of the question is about ethnicity, not race. No matter which box you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

Part B:	What is the student's race? (Choose one or more)
	<input type="checkbox"/> American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America).
	<input type="checkbox"/> Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)
	<input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of Africa.)
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.)
<input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)	

FIRST TIME SCHOOL ENROLLMENT

Fill out this section only if you are enrolling your child into the school district for the first time.

Enrolling Grade: 6 7 8

School Last Attended: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax: _____

Parent/Guardian Permission	Information (Check ONE and initial)		
Reviewed and agree to contents of Student Handbook	YES	NO	Initial: _____
Permission to use student's photographs on web page.	YES	NO	Initial: _____
Permission to use student's photographs on district TV channel.	YES	NO	Initial: _____
Student may use Internet at school	YES	NO	Initial: _____
Permission to participate in class session or presentations that deal with growth, development and sexually transmitted diseases including AIDS.	YES	NO	Initial: _____