BEAVERTON RURAL SCHOOL DISTRICT
www.beavertonruralschools.com

ENROLLMENT PACKET

Superintendent ................................................................. Mr. Joseph Passalacqua
Phone: 989-246-3000 / Fax: 989-435-7631

Jr/Sr High School Principal – 7th-12th Grades ................. Mr. Ryan Roberts
Jr/Sr High School Assistant Principal – 7th-12th Grade .... Ms. Jennifer Johnston
Phone: 989-246-3010 / Fax: 989-246-3366

Elementary School Principal – Grades K-6 ....................... Mr. Michael Bassage
Elementary School Assistant Principal – Grades K-6 ......... Mrs. Renee Inscho
Phone: 989-246-3020 / Fax: 989-246-3740

Transportation Supervisor ................................................ Mrs. Marietta Andrist
Phone: 989-435-9474 / Fax: 989-435-2054

REGISTRATION CHECKLIST

☐ Birth Certificate
☐ Immunization Record
☐ Registration Form
☐ Emergency Medical Information
☐ Transportation Information
☐ Proof of Residency

☐ Custodial Documentation
☐ Affirmation of Prior Discipline Record
☐ Student in Transition Form
☐ Request for School Records
☐ Free & Reduced Lunch Application
☐ 30-Day Placement
Beaverton Rural School District
Registration Form

STUDENT NAME: ___________________________________________ GENDER: _____________
(As it appears on Birth Certificate): LAST FIRST MIDDLE MALE/FEMALE

ADDRESS: __________________________________________________ GRADE: ______________
_____________________________________________________________ BIRTHDATE: ___________

BIRTHPLACE: ___________________________________________ ENROLLMENT DATE: _______________________
CITY STATE/COUNTRY 1ST DAY STUDENT WILL BE IN SCHOOL

ETHNICITY: Is this student Hispanic/Latino (Choose only one)
_____ No, not Hispanic/Latino _____ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

RACE: (use percentages to rank ethnic groups in order)
_____ American Indian or Alaska Native _____ Native Hawaiian or Other Pacific Islander
_____ Asian American _____ White
_____ Black or African American _____ Hispanic or Latino

LANGUAGE SPOKEN IN HOME: ____________________________

HAS YOUR CHILD EVER BEEN ENROLLED IN A SPECIAL EDUCATION CLASSROOM SETTING? __________________
IF YES, CIRCLE ALL THAT APPLY: SPECIAL ED CLASSES SPEECH OT/PT SOCIAL WORK 504 PLAN OTHER

RESIDENCY INFORMATION

IS THE STUDENT A RESIDENT OF BEAVERTON RURAL SCHOOL DISTRICT? _____ YES _____ NO

IF NOT, WHAT DISTRICT DO YOU LIVE IN? __________________________________________________________

WHAT COUNTY DO YOU LIVE IN? ____________________ TOWNSHIP? ____________________________

WHERE IS THE STUDENT LIVING NOW? (check one box)
☐ in a one family dwelling ☐ with more than one family in a house or apartment
☐ in a car ☐ in a trailer park or campsite ☐ with friends/family members (other than parent/guardian)
☐ in a shelter ☐ in a motel or hotel ☐ none of the above ________________________________

WITH WHOM DOES THE STUDENT RESIDE (Please circle one): Mother & Father Mother & Step-Father
Father & Step Mother Foster Parent(s) Grandparents Other __________________________

RESIDENCY VERIFICATION AFFIDAVIT:
According to State Attorney General Opinion No. 5925, school districts have the right to ask new enrollees to prove residency. By signing the affidavit, you are affirming that the address given on all enrollment forms is the legal residence of the parent/guardian enrolling the student and is the residence of the student.
Verification of residency may be made with any two of the following (circle): Drivers License or Registration Lease Agreement
Moving Bill Insurance Forms Purchase agreement Utility Bill Other
PARENT SIGNATURE

PARENT/GUARDIAN INFORMATION:

Primary Residence:

NAME: ___________________________________ RELATIONSHIP TO STUDENT: _______________________

DATE OF BIRTH: ________________ GENDER: ___________________ MARITAL STATUS: ___________________

E-MAIL ADDRESS: ________________________________________

HOME PHONE: __________________ WORK PHONE: ________________ CELL PHONE: ________________

NAME: ___________________________________ RELATIONSHIP TO STUDENT: _______________________

DATE OF BIRTH: ________________ GENDER: ___________________ MARITAL STATUS: ___________________

E-MAIL ADDRESS: ________________________________________

HOME PHONE: __________________ WORK PHONE: ________________ CELL PHONE: ________________

SECONDARY RESIDENCE:

NAME: ___________________________________ RELATIONSHIP TO STUDENT: _______________________

DATE OF BIRTH: ________________ GENDER: ___________________ MARITAL STATUS: ___________________

E-MAIL ADDRESS: ________________________________________

HOME PHONE: __________________ WORK PHONE: ________________ CELL PHONE: ________________

NAME: ___________________________________ RELATIONSHIP TO STUDENT: _______________________

DATE OF BIRTH: ________________ GENDER: ___________________ MARITAL STATUS: ___________________

E-MAIL ADDRESS: ________________________________________

HOME PHONE: __________________ WORK PHONE: ________________ CELL PHONE: ________________

RECEIVE COPIES OF STUDENT INFORMATION (PROGRESS REPORTS, REPORT CARDS, ETC) □ YES □ NO

COMMENTS: __________________________________________________________________________________

______________________________________________________________________________________________

**Please Provide Copy of Custody Order or Any Other Court Documentation Restricting Contact**
OTHER CHILDREN LIVING IN HOUSEHOLD:

<table>
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<tr>
<th>NAME</th>
<th>AGE/GRADE</th>
<th>School Attending</th>
<th>Relationship to Student</th>
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LAST SCHOOL ATTENDED: ___________________________________________________________

ADDRESS: ________________________________________________________________

STREET ADDRESS ________________ CITY ___________ MI __________ ZIP CODE

LAST DATE OF ATTENDANCE AT PREVIOUS SCHOOL: ________________________________

Student Vehicle Information (High School Only)

WILL THE STUDENT BE DRIVING A VEHICLE TO SCHOOL?  

☐ YES  ☐ NO

If Yes:

Year _________________

Make _________________

Model _________________

License Plate _________________
EMERGENCY MEDICAL INFORMATION

In case of emergency or your child becomes ill or injured at school and we cannot reach you, we will notify the person’s listed below in order of contact choice.

1. _______________________________________________________________ Phone # ___________________________
   LAST       FIRST
   Relationship to student: ___________________________      Release Student to Contact:   Yes     No

2. _____________________________________ Phone # __________________  Relationship:  ______________________
   LAST       FIRST
   Relationship to student: ___________________________      Release Student to Contact:   Yes     No

3. _____________________________________ Phone # __________________  Relationship:  ______________________
   LAST       FIRST
   Relationship to student: ___________________________      Release Student to Contact:   Yes     No

In case of emergency and you cannot be reached, your child will be sent to the nearest medical center for medical treatment.

Emergency medical conditions/problems (check all that apply)

☐ Nothing known  ☐ Multiple allergies  ☐ Asthma
☐ Medical Waiver  ☐ Epileptic  ☐ Nose bleeds
☐ Rheumatic Fever  ☐ Iodine allergy  ☐ Kidney problems
☐ Cardiac  ☐ Special blood condition  ☐ Attention Deficit Disorder
☐ Hemophiliac  ☐ Sulfur allergy  ☐ Hearing problems
☐ Diabetic  ☐ Muscle weakness  ☐ Other:___________________
☐ Aspirin Allergy  ☐ Headaches  ☐ Allergic to bee stings
☐ Penicillin allergy

MEDICATION CHILD IS PRESENTLY TAKING DURING THE SCHOOL DAY AND/OR AT HOME:

1. ________________________________________ 4. ___________________________________________
2. ________________________________________ 5. ___________________________________________
3. ________________________________________ 6. ___________________________________________

DOES YOUR CHILD HAVE GLASSES TO BE WORN IN THE CLASSROOM?  ☐ YES  ☐ NO

PLEASE LIST ANY ALLERGIES OR MEDICAL PROBLEMS THAT THE SCHOOL SHOULD BE AWARE OF: ____________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

SIGNATURE OF PARENT/GUARDIAN  DATE
BEAVERTON RURAL SCHOOL - TRANSPORTATION DEPARTMENT
** FOR DAYCARE PURPOSE ONLY MUST BE A SET SCHEDULE **

Bus Waiver Form

Name of Child ________________________________________________________________

Home Address ______________________________________________________________

City __________________ Zip ____________   Building __________________ Grade ____________

Home Location: (Between what two roads, major landmarks, color or style, etc): _______________________________________________
______________________________________________________________________________________________

Effective Date ___________________ Current Date __________________

Reason for change ____________________________________________________________
______________________________________________________________________________________________

____ AM Pick Up Mon Tues Wed Thu Fri (Circle am days childcare or parent 2 is needed)

____ PM Drop Off Mon Tues Wed Thu Fri (Circle pm days childcare or parent 2 is needed)

_____ Half days and Early dismissals ONLY

_____ SPARKS ONLY

Childcare Provider / Parent 2 Name _______________________________________________

Address ________________________________________________________________

Childcare Provider / Parent 2 Phone______________________________________________

Home Location: (Between what two roads, major landmarks, color or style, etc): _______________________________________________
______________________________________________________________________________________________

** We the parents assume all responsibility for this transfer and waiver any liability or responsibility of the Board of Education of Beaverton Rural Schools due to this change in schedule

Parent Signature________________________________ Print Name _______________________________

Home Phone ___________________________ Cell Phone _____________________________

Work Phone ___________________________ Place of Work ______________________________

Beaverton Schools Transportation
Phone (989) 435-9474 / Fax (989) 435-2054

For Office Use Only: Childcare Route # _____________ Childcare Emblem ________________
AFFIRMATION OF PRIOR DISCIPLINE RECORD

DIRECTIONS: Check the applicable paragraph, provide all appropriate information and sign this document.

Paragraph 1:

☐ The undersigned affirm that ___________________________ has not been suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

Paragraph 2:

☐ The undersigned affirms that ______________________________ has been suspended or expelled from a public or private school in Michigan or another state or for one or more offenses involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for an act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

If you checked paragraph 2, explain the circumstances in detail. Include the school name, dates of suspension or expulsion and a description of the incident giving rise to the suspension or expulsion.

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

STUDENT SIGNATURE DATE

__________________________________________________________________  _________________________________

PARENT/GUARDIAN SIGNATURE DATE

__________________________________________________________________  _________________________________

Name of sending (former) School District: __________________________________________________________________

Sending School - Please check one:  

☐ According to our records, we can verify that the information provided above by the parent/student is correct.

☐ According to our records, the information provided above by the parent/student is not correct.

The student has been involved in offenses involving weapons, alcohol or drugs, or willful infliction of injury to persons or act of violence against persons and/or property committed on school premises, at a school sponsored activity, or on a public or private conveyance providing transportation to or from school or a school sponsored activity, please forward appropriate disciplinary documentation.

_________________________________________  ____________  _________________________________

SIGNATURE OF SENDING DISTRICT ADMINISTRATOR TITLE DATE
BEAVERTON RURAL SCHOOL DISTRICT
REQUEST FOR SCHOOL RECORDS

Student Name ____________________________ Date of Birth ____________________________ Grade ____________

Previous school attended: ________________________________________________________________

Address: ______________________________________________________________________________

Records requested:

⇒ Student UIC# ____________________  ⇒ Special Education Files and Psychological Files
⇒ Official cumulative file  ⇒ Standardized Achievement, Intelligence & Aptitude Test Scores
⇒ Grades to date  ⇒ Record of extra curricular activities
⇒ Discipline History
⇒ Attendance to date
⇒ Current grade level _____

In sending this form, we are requesting information about one of your former students. Before we formally enroll the student, we are requesting that you answer the questions below about the above student.

1. Has the above named student been suspended or expelled from your school district? ______
   If yes, please explain: ______________________________________________________________________________
   ___________________________________________________________________________________________________

2. Is disciplinary action pending against this student? ______ If yes, please explain: _________________
   ___________________________________________________________________________________________________

3. Was this student in a special education program in your school district? _____ If yes, please give student’s current placement: ___________________________________________________________________________________

4. Student’s last date of entry to your school? _____________ When was the student’s last day of attendance at your school? _____________

Parent Release Form: As parent or legal guardian for the above named student, I hereby authorize the release of all school records to the Beaverton Rural School District and request that they be sent to the address below at your earliest convenience.

_____________________________________________________________ ____________________________
Parent/Guardian Signature Date

Beaverton Elementary School (K-6)  Beaverton Jr/Sr High School (7-12)
Attention: Candy Fischer  Attention: Candy Fischer
PO Box 529, 440 S Ross Street  PO Box 529, 3090 Crockett Road
Beaverton, MI 48612  Beaverton, MI 48612
Ph. 989-246-3020  Ph. 989-246-3010
Fax 989-246-3740  Fax 989-246-3366