



BEAVERTON RURAL SCHOOL DISTRICT

www.beavertonruralschools.com



ENROLLMENT PACKET

Superintendent..... Mr. David Marston, Interim
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 SupervisorMrs. Marietta Andrist
Phone: 989-435-9474 / Fax: 989-435-2054

REGISTRATION CHECKLIST

- | | |
|--|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Custodial Documentation |
| <input type="checkbox"/> Immunization Record | <input type="checkbox"/> Affirmation of Prior Discipline Record |
| <input type="checkbox"/> Registration Form | <input type="checkbox"/> Student in Transition Form |
| <input type="checkbox"/> Emergency Medical Information | <input type="checkbox"/> Request for School Records |
| <input type="checkbox"/> Transportation Information | <input type="checkbox"/> Free & Reduced Lunch Application |
| <input type="checkbox"/> Proof of Residency | <input type="checkbox"/> 30-Day Placement |

**Beaverton Rural School District
Registration Form**

Date: _____

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/GUARDIAN INFORMATION:

Primary Residence:

NAME: _____ RELATIONSHIP TO STUDENT: _____
i.e. FATHER, MOTHER, ETC

DATE OF BIRTH: _____ GENDER: _____ MARITAL STATUS: _____
MALE/FEMALE MARRIED/DIVORCED/SINGLE

E-MAIL ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

NAME: _____ RELATIONSHIP TO STUDENT: _____
i.e. FATHER, MOTHER, ETC

DATE OF BIRTH: _____ GENDER: _____ MARITAL STATUS: _____
MALE/FEMALE MARRIED/DIVORCED/SINGLE

E-MAIL ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

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



Secondary Residence:

NAME: _____ RELATIONSHIP TO STUDENT: _____
i.e. FATHER, MOTHER, ETC

DATE OF BIRTH: _____ GENDER: _____ MARITAL STATUS: _____
MALE/FEMALE MARRIED/DIVORCED/SINGLE

E-MAIL ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

NAME: _____ RELATIONSHIP TO STUDENT: _____
i.e. FATHER, MOTHER, ETC

DATE OF BIRTH: _____ GENDER: _____ MARITAL STATUS: _____
MALE/FEMALE MARRIED/DIVORCED/SINGLE

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:

_____ NAME	_____ AGE/GRADE	_____ School Attending	_____ Relationship to Student
_____ NAME	_____ AGE/GRADE	_____ School Attending	_____ Relationship to Student
_____ NAME	_____ AGE/GRADE	_____ School Attending	_____ Relationship to Student
_____ NAME	_____ AGE/GRADE	_____ School Attending	_____ Relationship to Student
_____ NAME	_____ AGE/GRADE	_____ School Attending	_____ Relationship to Student
_____ NAME	_____ AGE/GRADE	_____ School Attending	_____ Relationship to Student

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)

- | | | |
|---|--|---|
| <input type="checkbox"/> Nothing known | <input type="checkbox"/> Multiple allergies | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Medical Waiver | <input type="checkbox"/> Epileptic | <input type="checkbox"/> Nose bleeds |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Iodine allergy | <input type="checkbox"/> Kidney problems |
| <input type="checkbox"/> Cardiac | <input type="checkbox"/> Special blood condition | <input type="checkbox"/> Attention Deficit Disorder |
| <input type="checkbox"/> Hemophiliac | <input type="checkbox"/> Sulfa allergy | <input type="checkbox"/> Hearing problems |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Muscle weakness | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Aspirin Allergy | <input type="checkbox"/> Headaches | |
| <input type="checkbox"/> Penicillin allergy | <input type="checkbox"/> Allergic to bee stings | |

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 _____

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)
Attention: Candy Fischer
PO Box 529, 440 S Ross Street
Beaverton, MI 48612
Ph. 989-246-3020
Fax 989-246-3740

Beaverton Jr/Sr High School (7-12)
Attention: Candy Fischer
PO Box 529, 3090 Crockett Road
Beaverton, MI 48612
Ph. 989-246-3010
Fax 989-246-3366