

A copy of the following is needed:
Birth Certificate
Immunization Record

BEAR LAKE SCHOOLS
EMERGENCY MEDICAL AUTHORIZATION PERMIT

Grade _____

Name	Date of Birth	Sex	Telephone No.
Number & Street	City	State	Zip Code
Mother's Name (Guardian)	Father's Name (Guardian)		
Mother's Employment	Telephone No.	Father's Employment	Telephone No.
Family Physician	Address	Telephone No.	
Family Dentist	Address	Telephone No.	
Insurance Company	I.D. No.		

Important Medical Information: Please list allergies, known drug reactions, current prescribed medication/treatments, and previous operations or hospital confinements. _____

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnosis, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed above and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present. This authorization is valid for the current school year or until such time as I withdraw the authorization.

Authorized _____ Date _____
Parent/Guardian

Date: _____

BEAR LAKE SCHOOLS
STUDENT ENROLLMENT FORM

2019-2020

Student Name: _____
Last First Middle

Township of student's residence: () Bear Lake () Pleasanton () Other _____ Citizenship: _____

Grade: ____ Sex: ____ Primary e-mail address: _____

Ethnic Background: () Amer. Indian () Black () Asian () Hispanic () Native Hawaiian or Other Pacific Islander () White, or () Two or More Races
Is the student's native tongue a language other than English: _____ Is a language other than English spoken in the student's home or environment? _____

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.)

Birthdate: ____/____/____ Birthplace: _____
Mo/Day/Yr City/State/Country

Last School Attended: _____ Address: _____

Student's Residence is:

- With parent(s)/legal guardian & does not share a house, apartment, or mobile home w/ relative or another family
- With parent(s)/legal guardian & does share a house, apartment, or mobile home w/ relative or another family
- With parent(s)/legal guardian in a shelter or transition home
- With parent(s)/legal guardian in a motel, car, or campsite
- With grandparents, friends, etc. Other (Such as foster placement, etc.)

Migrant (seasonal student): () Yes () No Has had Chickenpox: () Yes () No

Received Special Services: () Yes () No If yes, what type of service? _____

Parents Marital Status: () Single () Married () Separated () Divorced () Widowed

Custody of Child is with: () Mother () Father () Mother/Father () Guardian

Non-custodial parent to receive communications from school: () Yes () No Receive report cards: () Yes () No

PARENTAL/GUARDIAN INFORMATION

	Mother	Father
Name(s):	_____	_____
Address: P.O. Box	_____	P.O. Box _____
Street:	_____	_____
City:	_____	_____
Telephone:	_____	_____

In case parent/guardian cannot be contacted, please list by priority who you want the school to contact:

Name	Relationship	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the event of an emergency or early dismissal of school, my child is to go:

HOME: _____ OTHER: _____
Name Address

Please avoid calling the school when an early dismissal occurs since most of the school's phone lines will be tied up with the dismissal. You may, of course, pick your child up at the time of dismissal.

/rsm



BEAR LAKE SCHOOLS

7748 Cody Street | Bear Lake, MI 49614
(231) 864.3133 | Fax (231) 864.3434

REQUEST FOR EDUCATIONAL RECORDS

FEDERAL STATUTE ENTITLED:

THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974

Section 99.34 state in summary that Schools may send a student's educational record to officials to other schools or school systems in which the student seeks or intends to enroll, upon condition that the student's parents be notified of the transfer, receive a copy of the record, if desired, and have an opportunity to challenge the content of the record.

Records should be sent in compliance with the Freedom of Information Act.

I have read the statement above. Please send the following records of my child:

- Educational
- Health
- Remedial

Student Name

Birthdate

Last Grade Attended

Date of Request

LAST SCHOOL ATTENDED:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

MAIL TO:
Student Records
Bear Lake Schools
7748 Cody Street
Bear Lake, MI 49614

Signature of Parent/Guardian/Eligible Student

Date

Requested by: _____

AUTHORIZATION FOR PRESCRIBED MEDICATION OR TREATMENT

To the Parent:

THE FOLLOWING INFORMATION IS NECESSARY FOR ANY STUDENT TO USE PRESCRIBED MEDICATIONS OR TO RECEIVE TREATMENT IN SCHOOL. ALL SPACES MUST BE COMPLETED.

Name of Student

Address

School

Grade

A. I am requesting permission for my child named above to: (check all that apply)

_____ Use or receive prescribed medication

_____ Receive prescribed treatment

_____ Self-administer prescribed medication(s) in my presence or that of an authorized staff member in accordance with the Doctor's prescription

B. I or a responsible adult will assume safe delivery of the medication to school

C. I will notify the school immediately if there is any change in the use of the medication or the prescribed treatment

D. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

E. I will count the number of pills in the bottle and register the number with the school upon delivery.

Signature of Parent/Guardian

Date

Home Telephone

Work Telephone

School of Choice Form

Date Application Received: _____

Application Approved _____ Signature _____ Date _____ Application Denied _____ Signature _____ Date _____

MISD School of Choice Application

Students residing in a school district within the Manistee Intermediate School District (participating Districts are Bear Lake School District, Kaleva Norman District, Manistee Area Public, and Onekama School District).

Section 105c Application

Students residing in a school district outside of the Manistee Intermediate School District boundaries.

DISTRICT OF CHOICE:

BUILDING:

Are any siblings already attending?

YES NO

If yes, Name(s)/School and Grade:

Is your student currently receiving Special Education Services: YES NO

District of Residence Information: (please type or print)

Student Name: _____

Birthdate: _____

Address: _____

City/Zip: _____

Phone: _____

School District in which you live: _____

Current Grade: _____

Reason for Parent(s)/Guardian(s)/Student to request a transfer to a School of Choice: _____

Has this student ever been suspended or expelled? yes no If yes, reason and date: _____

By signing below, I acknowledge and accept the policies and regulations of the School of Choice program.

Parent(s)/Guardian(s) Signature: _____ Date: _____

Address: _____ City/Zip: _____

Home Phone: _____ Work Phone: _____

Student Signature: _____ Date: _____