

**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/h 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

BEAR LAKE SCHOOLS  
STUDENT ENROLLMENT FOR

2021-2022

Date: \_\_\_\_\_

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 \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Name	Relationship to Student	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

## Preschool Information

Did your child attend a 4-year-old program preschool?  Yes  No

**Preschool Name:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Great Beginnings Bear Lake | <input type="checkbox"/> GSRP Bear Lake         | <input type="checkbox"/> GSRP Four Stars Brethren    |
| <input type="checkbox"/> GSRP Madison Manistee      | <input type="checkbox"/> Head Start Kaleva      | <input type="checkbox"/> Head Start Manistee         |
| <input type="checkbox"/> ISD Preschool              | <input type="checkbox"/> Leaps & Bounds Onekama | <input type="checkbox"/> Manistee Area Public School |
| <input type="checkbox"/> MCC                        | <input type="checkbox"/> Trinity Lutheran       | <input type="checkbox"/> Out of county preschool     |
| <input type="checkbox"/> Other                      |   |  |

**Preschool Type:**

- GSRP Head Start/GSRP Blend  Head Start  School Tuition  Non Public Tuition  Other

**Preschool Day:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Full Day - every day               | <input type="checkbox"/> Half Day - every day               | <input type="checkbox"/> Full Day - 4 days a week |
| <input type="checkbox"/> Half Day - 4 days a week           | <input type="checkbox"/> Full Day - less than 4 days a week |   |
| <input type="checkbox"/> Half Day - less than 4 days a week | <input type="checkbox"/> Other                              |   |

Repeated 4-year-old program?  Yes  No

Attended only a partial year 4-year-old program?  Yes  No

Did your child attend a 3-year-old program preschool?  Yes  No

**Preschool Name:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Great Beginnings Bear Lake | <input type="checkbox"/> GSRP Bear Lake         | <input type="checkbox"/> GSRP Four Stars Brethren    |
| <input type="checkbox"/> GSRP Madison Manistee      | <input type="checkbox"/> Head Start Kaleva      | <input type="checkbox"/> Head Start Manistee         |
| <input type="checkbox"/> ISD Preschool              | <input type="checkbox"/> Leaps & Bounds Onekama | <input type="checkbox"/> Manistee Area Public School |
| <input type="checkbox"/> MCC                        | <input type="checkbox"/> Trinity Lutheran       | <input type="checkbox"/> Out of county preschool     |
| <input type="checkbox"/> Other                      |   |  |

**Preschool Type:**

- GSRP Head Start/GSRP Blend  Head Start  School Tuition  Non Public Tuition  Other

**Preschool Day:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Full Day - every day               | <input type="checkbox"/> Half Day - every day               | <input type="checkbox"/> Full Day - 4 days a week |
| <input type="checkbox"/> Half Day - 4 days a week           | <input type="checkbox"/> Full Day - less than 4 days a week |   |
| <input type="checkbox"/> Half Day - less than 4 days a week | <input type="checkbox"/> Other                              |   |

Repeated 3-year-old program?  Yes  No

Attended only a partial year 3-year-old program?  Yes  No

What was your child's primary form of care in the last year? (Check up to 3 relevant choices) If the child was primarily at home during the last year, please check **NO PRIOR CARE**.

- Great Start Readiness Program (GSRP)** (State funded program age 4 by Sept. 1)
- Head Start** (Federally funded programs ages 3 & 4)
- Early Childhood Special Education Classroom** (School based preschool for special needs students with an IEP)
- Young Fives/Developmental Kindergarten** (Plan is for child to attend regular Kindergarten next year)
- Child Care-Home Based** (Operated out of a private home)
- Private Child Care Center** (Commercial business that may be independent or part of a chain)
- Registered Family/Relative Child Care** (Family or relative care provider receiving state assistance to provide care)
- Tuition-Based Preschool** (Full or half day of instruction and learning)
- No Prior Care Program** (Stay at home for care)
- Kindergarten** (Child has been retained for a second year of kindergarten)

**District Health  
Department #10**



Spring 2020

Dear Parents,

It's time for children entering kindergarten in the fall to have their health examinations and necessary immunizations. Michigan's immunization law requires that a child enrolled in school must be immunized against Diphtheria, Pertussis, Tetanus, Measles, Mumps, Rubella, Polio, Chickenpox, and Hepatitis B. Your child's health care provider, or the health department, can administer the vaccines. In addition, there is a program available called Vaccines for Children that provides vaccine for children who lack health coverage. No child should be unprotected from vaccine-preventable diseases.

If you are choosing to waive vaccinations due to philosophical or religious reasons, please contact the health department to schedule a waiver education session. If your child is unable to have vaccines for a health reason, please contact your health care provider for a medical waiver form. All original waiver forms must be turned in to your school secretary.

Vision and hearing screenings are also required. The hearing screening may be performed by a physician, audiologist, or health department technician—but in every case must be done on an audiometer. The vision screening may be performed by an ophthalmologist, optometrist, or by the health department technician. These screenings are free if done through the health department. DHD#10 Hearing & Vision technician Stephanie Perez is planning to hold screenings regularly during the summer at the health department. Appointments are required (231-723-3595).

If your child already had hearing and vision screenings done at a preschool and you have not retained a copy of the report, you may contact the health department and request a copy. For screenings done elsewhere, contact the provider for a copy and return these to the school before classes begin.

Thank you in advance for your prompt attention to these matters. By working together, we can all help children be healthy and ready to learn.

Sincerely,

Sarah Stickney BSN, RN  
Public Health Nurse  
District Health Department #10  
231-316-8578 (direct line)

**BEAR LAKE SCHOOL STUDENT NETWORK AND INTERNET  
ACCEPTABLE USE AND SAFETY AGREEMENT**

To access e-mail and/or the Internet at school, students under the age of eighteen (18) must obtain parent permission and must sign and return this form. Students eighteen (18) and over may sign their own forms.

**Use of the Internet is a privilege, not a right. The Board's Internet connection is provided for educational purposes only. Unauthorized and inappropriate use will result in a cancellation of this privilege.**

The Board has implemented technology protection measures which block/filter Internet access to visual displays that are obscene, child pornography or harmful to minors. The Board also monitors online activity of students in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. Nevertheless, parents/guardians are advised that determined users may be able to gain access to information, communication and/or services on the Internet which the Board of Education has not authorized for educational purposes and/or which they and/or their parent/guardians may find inappropriate, offensive, objectionable or controversial. Parents/Guardian assumes this risk by consenting to allow their students to participate in the use of the Internet. Student's accessing the Internet through the school's computers assumes personal responsibility and liability, both civil and criminal, for unauthorized or inappropriate use of the Internet.

**Please complete the following information:**

Student User's Full Name (please

print): \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

**Parent/Guardian**

As the parent/guardian of this student, I have read the student Network and Internet Acceptable Use and Safety Policy and Guidelines, and have discussed them with my child. I understand that student access to the Internet is designed for educational purposes and that the Board has taken available precautions to restrict and/or control student access to material on the Internet that is obscene, objectionable, inappropriate and/or harmful to minor. However, I recognize that it is impossible for the Board to restrict access to all objectionable and/or controversial materials that may be found on the Internet. I will not hold the Board (or any of its employees, administrators or officers) responsible for materials my child may acquire or come in contact with while on the Internet. Additionally, I accept responsibility for communicating to my child guidance concerning his/her acceptable use of the Internet – i.e., setting and conveying standards for my daughter/son to follow when selecting sharing and exploring information and resources on the Internet. I further understand that individuals and families may be liable for violations.

To the extent that proprietary rights in the design of a web site hosted on the Board's servers would vest in my child upon creation, I agree to assign those rights to the Board.

Please check each that applies:

- I give permission for my child to use and access the Internet at school and for the Board to issue an Internet/e-mail account to my child.
- I give permission for my child's image (photograph) to be published online, provided only his/her first name is used.
- I give permission for the Board to transmit "live" images of my child (as part of a group) over the Internet via a web cam.
- I authorize a license the Board to post my child's class work on the Internet without infringing upon any copyright my child may own with respect to such class work. I understand only child's first name will accompany such class work.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Student

I have read and agree to abide by the student Network and Internet Acceptable Use and Safety Policy and Guidelines. I understand that any violation of the terms and conditions set forth in the Policy and Guidelines is inappropriate and may constitute a criminal offense. As a user of the Board's computers/network and the Internet, I agree to communicate over the Internet and the Network in an appropriate manner, honoring all relevant laws, restrictions and guidelines.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Teachers and building principals are responsible for determining what is unauthorized or inappropriate use. The principal may deny, revoke or suspend access to the Network/Internet to individuals who violate the Board's Student Network and Internet Acceptable Use and Safety Policy and related Guidelines, and take such other disciplinary action as is appropriate pursuant to the Student Code of Conduct.**

#### Student Directory Information

Directory Information is defined by the district as: a student's name; address; telephone number; photograph; major field of study; participation in officially recognized activities; Activities and sports; height and weight, if a member of an athletic team; date of graduation; awards received; honor rolls; and scholarships. District policy gives parents certain rights with respect to their child's educational records and personal information.

\_\_\_\_\_ I give permission to the district to release directory information regarding my child.

\_\_\_\_\_ I do not give permission to the district to release directory information regarding my child.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**SECTION III -- PHYSICAL EXAMINATION, INSPECTION, TESTS, AND MEASUREMENTS**  
**EXAMINATIONS AND/OR INSPECTIONS**

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

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**TESTS AND MEASUREMENTS**

		Normal	Under Care	Referred			Normal	Under Care	Referred
Vision Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	<input type="checkbox"/> Visual Activity <input type="checkbox"/> Ocular Muscle <input type="checkbox"/> Other _____				Urinalysis Done? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	<input type="checkbox"/> Sugar <input type="checkbox"/> Albumin <input type="checkbox"/> Microscopic			
Hearing Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	<input type="checkbox"/> Audiometer <input type="checkbox"/> Other _____				Blood Pressure Measured? <input type="checkbox"/> Yes <input type="checkbox"/> No Reading _____				
Hemoglobin/Hematocrit Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No					Height _____ Weight _____ Other: _____				
Blood Lead Level Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Reading _____					Blood Lead level recommended for all children age six and under				

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

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Tuberculin Test (if given)      Date \_\_\_\_\_      Type \_\_\_\_\_       Negative       Positive \_\_\_\_\_ mm.

**SECTION IV -- RECOMMENDATIONS**

Is there any defect of vision, hearing, or other condition for which the school could help by seating or other action?  Yes  No  
 If yes, please explain:

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Should the student's activity be restricted because of any physical defect or illness?  Yes  No    If yes, check below and explain degree of restriction:

Classroom       Playground       Gymnasium       Swimming Pool       Competitive Sports       Camp       Other

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Examiner's Signature \_\_\_\_\_ Date \_\_\_\_\_ Examiner's Name (print or type) \_\_\_\_\_ Degree or License \_\_\_\_\_

Number & Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**SECTION V -- DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)**

I have examined \_\_\_\_\_ teeth and make the following recommendations as for treatment.

Child's Name \_\_\_\_\_

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Dentist's Signature \_\_\_\_\_ Date \_\_\_\_\_

**COMMENTS**

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**Bear Lake Schools  
Schools of Choice Program  
Non-Resident Enrollment Application**

105c Schools of Choice  
Students residing in a school district  
*outside* of the Manatee ISD within the  
boundaries of an ISD that is contiguous  
to the MISD

Student's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Parent/Guardian Names: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Choice District: \_\_\_\_\_ Grade Requesting Enrollment In: \_\_\_\_\_ Building: \_\_\_\_\_  
 Resident District: \_\_\_\_\_  
 School Currently Attending: \_\_\_\_\_  
 Reason for Request of Transfer: \_\_\_\_\_  
 \_\_\_\_\_

To ensure the continuity of service, please indicate what services are currently provided for your child:  
 Special Education  No  Yes Please list services: \_\_\_\_\_  
 Has this student ever been suspended or expelled?  No  Yes Date: \_\_\_\_\_  
 Reason for Suspension or Expulsion: \_\_\_\_\_  
 \_\_\_\_\_

Please review this information and sign below:

This district does not discriminate on the basis of race, color, disability, religion, gender or national origin. The district reserves the right to limit enrollment based on capacity of buildings or programs as well as failure of applicant to meet any special requirements for entry into its buildings or programs. Enrollment may also be denied to a student who has been suspended or expelled from a previous district or to a Special Education student wishing to enroll under Section 105c Schools of Choice for whom a written cooperative agreement regarding costs cannot be obtained with their district of residence.

Parent/Guardian Signature (or student if 18 years old) \_\_\_\_\_ Date \_\_\_\_\_

*District Use Only*

**\*Resident District Release**

This student is released for enrollment into Choice school district.

\_\_\_\_\_  
 Releasing School District

\_\_\_\_\_  
 Superintendent

\*\*Receiving district should indicate acceptance of released student by signing the Student Enrollment Status

**\*\*Student Enrollment Status**

Student Accepted into Choice District   
 Student Denied into Choice District

Date \_\_\_\_\_  
 Superintendent: \_\_\_\_\_