

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)

Family Physician Address Telephone No.

Family Dentist Address Telephone No.

Insurance Company ID 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 unavailible 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 medication care, diagnosis, and treatment including surgical intervention, if necessary, on behalf on 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 FOR

2021-2022

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 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.

Signature of Parent/Guardian



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: _____

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: _____

BEAR LAKE SCHOOLS
Schools of Choice Program
Non-Resident Enrollment Application

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 indicated 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: _____