

**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**

2023-2024

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

# 2023-2024 School of Choice Application



Date of Application: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade Entering in the current school year: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Attended in previous school year \_\_\_\_\_

The school district in which you reside: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

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

Phone (home): \_\_\_\_\_ Alternate phone number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

Is a sibling currently attending Bear Lake Schools as a School of Choice Student?  Yes  No

Name(s) and grades of siblings: \_\_\_\_\_

Has your child ever been expelled from any school district?  Yes  No

If yes, state the school, date, and reason: \_\_\_\_\_

Has your child ever been suspended from any school within the last two (2) years?  Yes  No

If yes, state the school, date, and reason: \_\_\_\_\_

Has your child ever been convicted of a felony?  Yes  No

If yes, explain and when: \_\_\_\_\_

Has your child ever been tested for specialized services?  Yes  No

Does your child receive specialized assistance in school?  Yes  No

I give my permission for the release of information to Bear Lake Schools regarding all suspensions within the past two (2) years as well as any expulsions involving my child.  Yes  No

I understand transportation will be the responsibility of the parent/guardian.  Yes  No

I understand that misrepresenting or withholding information on the application may cause the application to be withdrawn or rejected.  Yes  No

I understand that Michigan High School Athletic Association (MHSAA) regulations apply to all high school age transfers.  Yes  No

<p><b>Office use only:</b> Date application received: _____</p>
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Student's Name \_\_\_\_\_

Reason for Parent(s)/Guardian(s) student to request a transfer to a School of Choice:  
\_\_\_\_\_  
\_\_\_\_\_

\*Please note that the following applies to School of Choice applications for students who reside in an intermediate school district other than the Manistee Intermediate School District: If your application for schools of choice enrollment is accepted and if your child is eligible for special education programs and services according to statute or rule, or is a child with disabilities, as defined under the individuals with disabilities education act, Title VI of Public Law 91-230, actual enrollment **cannot** occur until Bear Lake Schools reaches a written agreement with the district in which you reside. This agreement will address providing your child with a free appropriate public education and must also include, but is not limited to, an agreement on the responsibility for the payment of the added costs of special education programs and services for the pupil. **If such agreement is not reached, your application will not be accepted.**

By my signature below, I give my permission for the release of discipline information for \_\_\_\_\_ (Student's name), to Bear Lake Schools, and I certify that all of the information contained in this application form is complete and correct. I understand that any incorrect or inaccurate statement, including but not limited to the statement on suspensions and expulsions, will result in either non-admission or no further consideration of this application or if already admitted, immediate suspension and dismissal as a student.

\_\_\_\_\_  
Parent's/Guardian's Signature (required)

\_\_\_\_\_  
Date (required)

**\*\*\*\*OFFICIAL OFFICE USE ONLY\*\*\*\***

The student has been  Accepted  Rejected to participate in the requested School of Choice program in the Bear Lake Schools.

- Reason for rejection:  Suspended within last two years  Expelled  Convicted of a felony  
 105c Special Education Cooperative Agreement not reached

\_\_\_\_\_  
Bear Lake Superintendent Signature (required)

\_\_\_\_\_  
Date (required)



**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: \_\_\_\_\_

APPENDIX D: DIRECTORY INFORMATION AND OPT OUT FORM

**5309-F-2 Directory Information and Opt-Out**

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

The Family Educational Rights and Privacy Act (FERPA) requires that Bear Lake Schools obtain your written consent prior to the disclosure of personally identifiable information from your child's education records, unless certain conditions specified by FERPA are met. FERPA distinguishes between personally identifiable information and directory information, however, and the District may disclose appropriately designated "directory information" without your written consent, unless you have advised the District to the contrary.

If you *do not* want your student's directory information released for one or more of the purposes listed below, please complete this form and return it to your student's school office by October 1 of the current school year.

If you fail to complete and return this form, the District will presume that you give permission to release your student's directory information for all the uses listed below.

Your Opt-Out request will be recorded in the student information system and kept on file in the school's office for 1 school year.

Directory information includes:

- student names, addresses, and telephone numbers;
- photographs, including photographs and videos depicting a student's participation in school-related activities;
- grade level;
- enrollment status (e.g., full-time or part-time);
- dates of attendance (e.g., 2013-2017);
- participation in officially recognized activities and sports;
- weight and height of athletic team members;
- degrees, honors, and awards received

**Please check the boxes next to the purpose(s) for which you *do not grant* the District permission to disclose your student's directory information, below.**

Bear Lake Schools *may not* disclose my student's directory information for the following purposes:

**5309-F-2 Directory Information and Opt-Out**

- a.  student names, addresses, and telephone numbers;
- b.  photographs, including photographs and videos depicting a student's participation in school-related activities and classes;
- c.  date and place of birth;
- d.  major field of study;
- e.  grade level;
- f.  enrollment status (e.g., full-time or part-time);
- g.  dates of attendance (e.g., 2013-2017);
- h.  participation in officially recognized activities and sports;
- i.  weight and height of athletic team members;
- j.  degrees, honors, and awards received; and
- k.  the most recent educational agency or institution attended.

The Board further designates District-assigned student email addresses as directory information for the limited purposes of: (1) facilitating the student's participation in and access to online learning platforms and applications; and (2) inclusion in internal school and District email address books.

**Information to U.S. Military Recruiters and Institutions of Higher Education Recruiters**

Federal law requires the District to release a secondary school student's name, address, and telephone number to U.S. Military recruiters and institutions of higher education upon their request. If you do not want your student's information released for one or both of those purposes, please check one or both of the boxes below:

- Do not release my student's name, address, or telephone number to U.S. Military recruiters without my prior written consent.
- Do not release my student's name, address, or telephone number to institutions of higher education recruiters without my prior written consent.

Parent/Guardian/Eligible Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPENDIX E: ACCEPTABLE USE AGREEMENT**

I have read this Agreement and agree that as a condition of my child's use of the school's Technology Resources, which include: (1) internal and external network infrastructure, (2) Internet and network access, (3) computers, (4) servers, (5) storage devices, (6) peripherals, (7) software, and (8) messaging or communication systems, I release the school and its board members, agents, and employees, including its Internet Service Provider, from all liability related to my child's use or inability to use the Technology Resources. I also indemnify the school and its board members, agents, and employees, including its Internet Service Provider, for any fees, expenses, or damages incurred as a result of my child's use, or misuse, of the school's Technology Resources.

I have explained the rules listed above to my child.

I authorize the school to consent to the sharing of information about my child to website operators as necessary to enable my child to participate in any program, course, or assignment requiring such consent under the Children's Online Privacy Protection Act.

I understand that data my child sends or receives over the school's Technology Resources is not private. I consent to having the school monitor and inspect my child's use of the Technology Resources, including any electronic communications that my child sends or receives through the Technology Resources.

I understand that the school does not warrant or guarantee that its Technology Resources will meet any specific requirement or that they will be error free or uninterrupted; nor will the school be liable for any damages (including lost data, information, or time) sustained or incurred in connection with the use, operation, or inability to use the Technology Resources.

I agree that I will not copy, record, or share, or allow my child to copy, record, or share, any information sent to my child via the school's Technology Resources that includes personally identifiable information about any other child including, without limitation, videos, audio, documents, or other records that identify another student by name, voice, or likeness.

I understand and agree that my child will not be able to use the school's Technology Resources until this Agreement has been signed by both my child and me.

I agree that my child will return all Technology Resources to the school in good working order immediately on request and that I am responsible for any damage to the Technology Resources beyond normal wear and tear.

I have read this Agreement and agree to its terms.

Parent/Guardian \_\_\_\_\_ Signature Date \_\_\_\_\_