

Bay-Arenac Community High School

1608 Hudson St

Essexville, MI 48732

Phone: 989/893-8811

Fax: 989/895-7749

A Charter Public School Academy

Basic Student Information

Date _____

Student Name: _____ Age: _____ Sex: _____
Last First I.

Date of Birth: ____/____/____ Place of Birth: _____ Last School Attended: _____
City and State

Expected year of Graduation: _____ Last Grade Completed (Check one) 8th 9th 10th 11th

Student's Address: _____ Apartment # / Lot # / P.O.Box # _____

City: _____ State: ____ Zip: _____ Legal Guardian: _____

With whom does the student live? _____ Relationship to student: _____

Phone # (____) _____ (____) _____ (____) _____
Home Work Cell

E-Mail Address: _____ Place of Employment: _____

Are there any legal restrictions or information the school should be aware of regarding release of the student to the non-custodial parent? If so, please explain: _____

Emergency Contacts – Please list adults that you authorize to release student from school.

Name: _____ Relationship to student: _____

Phone # (____) _____ (____) _____ (____) _____

Name: _____ Relationship to student: _____

Phone # (____) _____ (____) _____ (____) _____

Home Language and Race Ethnicity Survey

Is this student Hispanic? (choose one) Yes No

Is the primary language used in the home a language other than English? Yes No If YES, what is the language? _____

What is student's race? (choose one) American Indian/Alaskan Asian Black Mexican/Hispanic White Native Hawaiian

Other Information

How did you hear about Bay-Arenac Community High School? _____

Why do you want to attend Bay-Arenac Community High School? _____

How will you get to school? _____ Where do you plan on attending college? _____

Does the student have children? Yes No If yes, how many? _____ Will child care be needed? Yes No (If yes, please ask to speak to the Director of Childcare or designee for additional enrollment information and paperwork)

Does the student have an alcohol or drug problem? Yes No Describe general health of the student: _____

Has the student ever been convicted of a felony? Yes No If yes, please explain: _____

Does the student have any felony charges pending? Yes No If yes, please explain: _____

Is the student currently taking any medication? Yes No

Will any medication need to be taken during school hours? Yes No Please list all medications the student is currently taking: _____

Did student receive any special education services at a previous school? (choose one) Yes No 504 PLAN

If yes, indicate type of services student received below.

Special Education Classes Speech Social Work Occupational Therapy / Physical Therapy

Indicate district/school name of last school attended and whether the student had an active IEP: _____

Employment / Career Planning

Have you attended the Bay Arenac Career Center or were you awarded a spot from your previous school? Yes No

Would you like to have a part-time job? _____ What type of work do you like best? _____

Please list your past work experiences:

Employer	Occupation	Start Date/ End Date	Reason for Leaving

Please provide us with any additional information we may find useful (additional mailing addresses, special circumstances, unique situations, etc) in educating your student.

Student Signature

Date

- My son/ daughter has permission to be transported by bus to attend school activities supervised by the school staff during the school year. As parent/ guardian, I hold Bay- Arenac Community High School, its employees and volunteers free from any liability resulting from unforeseen accident or injury to my son/ daughter while participating in any school-sponsored activities, on or off school campus, during, before or after the regularly scheduled day.

Yes: _____ No: _____ Parent/ Guardian Initials: _____

- My son/ daughter has permission to have a Personality Profile Inventory (PPI) analysis for the purpose of effective communication training through the Process Communication Model (PCM ®) and to have those results shared with other students and staff.

Yes: _____ No: _____ Parent/ Guardian Initials: _____

- I give permission to Bay-Arenac Community High School staff to secure emergency medical and/or emergency surgical treatment for my child if needed.

Yes: _____ No: _____ Parent/ Guardian Initials: _____

Parent/ Guardian Signature

Date