

**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**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last First I.

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Last School Attended: \_\_\_\_\_  
City and State

Ethnic Group: \_\_\_\_\_

Parent/Primary Guardian: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone #(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Work Cell

E-Mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

With whom does the student live? \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Expected year of Graduation: \_\_\_\_\_ Last grade completed 9, 10, 11. Ethnicity of the Student: \_\_\_\_\_  
circle

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

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone #(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone #(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone #(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

**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? \_\_\_\_\_ If yes, how many? \_\_\_\_\_ Will child care be needed? \_\_\_\_\_

Child's Name	Birthdate/ Due Date

Does the student have any special needs or medical conditions that we need to know about in order to help with his/her education?

Is the student currently taking any medication?\_\_\_\_\_ Will any medication need to be taken during school hours?\_\_\_\_\_

Please list all medications the student is currently taking: \_\_\_\_\_

Does the student have an alcohol or drug problem?\_\_\_\_\_ Describe general health of the student: \_\_\_\_\_

Has the student ever been convicted of a felony?\_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Does the student have any felony charges pending? \_\_\_\_\_ Please explain: \_\_\_\_\_

**Employment/ Career Planning**

Would you be interested in attending the Bay- Arenac Career Center?\_\_\_\_\_ Program? \_\_\_\_\_

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