

BEDFORD PUBLIC SCHOOLS - REGISTRATION FORM

Student Name on Birth Certificate: _____ (Has student gone by another name?) _____	FOR OFFICE USE ONLY:
Street Address: _____	Student #: _____
City, State, Zip: _____	UIC #: _____
(area code) Phone(s) required: _____	Family Census #: _____
Gender: _____	Home School: _____
Birth Date: _____	School Attending: _____
Entering Grade: _____	Teacher: _____
Birthplace (City, State): _____	Bus Rt # _____
Last School Attended: _____	Completed:
Street Address: _____	<input type="checkbox"/> Birth Certificate
City, State, Zip: _____	<input type="checkbox"/> Immunizations
Enrolled in Special Education (if yes, define 504/category or explain):	<input type="checkbox"/> Vision Screening
<input type="checkbox"/> IEP Speech <input type="checkbox"/> IEP Academic <input type="checkbox"/> 504 _____	<input type="checkbox"/> Resident Verification
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Michigan Driver's License
	<input type="checkbox"/> Parent / <input type="checkbox"/> Other
	<input type="checkbox"/> Residency Affidavit
	Exp Date _____
	<input type="checkbox"/> Lease/Ownership (Bedford)
	<input type="checkbox"/> Current Utility Bill (Bedford)
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Custody Decree
	<input type="checkbox"/> Marriage License
	<input type="checkbox"/> Home Language/Ethnic Survey
	<input type="checkbox"/> HAC Login/Password/Directions
Does the child have health problems we need to be aware of? Explain: _____ _____ _____	Record Request:
	<input type="checkbox"/> Sent
	<input type="checkbox"/> Rec'd
	Transportation:
	<input type="checkbox"/> Sent
	Registrar/Date: _____

Has student previously attended Bedford Public Schools? No Yes If yes, when _____

If your child will be cared for before and/or after school by a childcare provider, please complete the following:

Provider Name: _____					
Street Address: _____	Please check all that apply:				
City, State, Zip: _____	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri
Phone: _____	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Contact Person: _____	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM

Is there a second regular childcare provider? If yes, complete the following:

Provider Name: _____					
Street Address: _____	Please check all that apply:				
City, State, Zip: _____	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri
Phone: _____	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Contact Person: _____	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM

If eligible, I plan to use BPS Transportation System YES NO

Child's PARENT Data:	Mother	Father
Name		
Is Parent deceased?		
Address (if different from child's)		
City, State, Zip		
(area code) Home Phone		
(area code) Cell Phone		
(area code) Work Phone		
Email address		
HAC Login (must be Firstname.Lastname)		
HAC Password (must be 8 characters)		
Place of Employment		
Enlisted in Military?	<input type="checkbox"/> -Active Duty / <input type="checkbox"/> -On Call	<input type="checkbox"/> -Active Duty / <input type="checkbox"/> -On Call
Marital Status: Single, Married, Divorced, Separated		
With whom does child reside?		
Is a custody decree in place? <input type="checkbox"/> -Yes <input type="checkbox"/> -No <input type="checkbox"/> -Pending If Yes, a copy must be provided for your child's records.		

If child's parents are remarried, please complete the following:

Child's STEP PARENT Data:	Step-Father	Step-Mother
Name		
Place of Employment		
Enlisted in Military?	<input type="checkbox"/> -Active Duty / <input type="checkbox"/> -On Call	<input type="checkbox"/> -Active Duty / <input type="checkbox"/> -On Call
(area code) Work Phone		
(area code) Cell Phone		

List all other children in the household:

Name	Gender	Birth date	Attends BPS
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Would you like to opt-in to receive non-emergency messages from the school district to your mobile phone? YES NO

Progress reports and report cards will be available through the Home Access Center for Grades 1-12. If you do not have access to the internet, a paper copy may be requested from the office.

I understand that it is my responsibility to review the policies, procedures, rules, and the Information Technology User Guidelines available in the Parent/Student Handbook. I may access the Parent/Student Handbook on the school website, www.bedford.k12.mi.us or request a copy at the school office. Failure to sign the re-enrollment card does not exclude my student from following the school rules. I certify that all of the above is true to the best of my knowledge.

Parent or Guardian Signature

Date

Bedford Public Schools

Grade	Student Name	Birthdate
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Child will only be released to people listed below. Include childcare provider.

Guardians			
Relationship	Name	Daytime phone	Relationship to student if other than parent.
Mother			OK to call work <input type="checkbox"/> Yes <input type="checkbox"/> No
Father			OK to call work <input type="checkbox"/> Yes <input type="checkbox"/> No

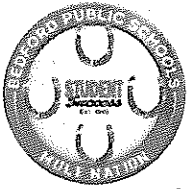
Emergency Contacts – Maximum 6 – List in order to be called in case of emergency or illness

Relationship	Name	Daytime phone	Relationship to student if other than parent.

Emergency Medical Information

Name and Address of Child's Physician or Health Clinic	Physician's Phone
Hospital Preferred for Emergency Treatment	Health Insurance Policy Name and Policy Number
Allergies: <input type="checkbox"/> Asthma <input type="checkbox"/> Bee Sting <input type="checkbox"/> Food _____ <input type="checkbox"/> Medication _____ <input type="checkbox"/> Other _____ _____ Any known medical problem: _____ _____ Any current medication student is taking: _____ _____	
EMERGENCY: I give permission to BEDFORD PUBLIC SCHOOL DISTRICT to secure emergency medical and/or emergency surgical treatment for the minor child named above while in care. I will not hold the school district financially responsible for the emergency care and/or transportation of said minor listed above.	
Parent Signature	Date

Registration information may be shared with staff that have a legitimate educational need to know.



Educating for Life!

Bedford Public Schools
1623 W Sterns Rd – Temperance, MI 48182

Student Name: _____ Bldg: _____ Grade: _____

Home Language Survey

Bedford Public Schools is collecting information regarding the language background of each of its students. This information will be used by the District to determine the number of children who should be provided bilingual instruction according to sections 380.1152-380.157 of the School Code of 1995, Michigan’s Bilingual Education Law. Please provide the following information:

1. **Is your child’s native tongue English?** -Yes -No
If no, what is the language? _____
2. **Is the primary language spoken in your child’s home English?** -Yes -No
If no, what is the language? _____

Race and Ethnicity Survey (Complete Part A and B)

Part A. 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.)

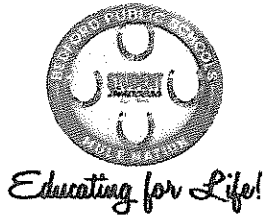
*The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student’s race to be.*

Part B. What is the student’s race? (Choose one or more)

- American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment).
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

Parent Signature

Date



Bedford Public Schools
1623 West Sterns Road
Temperance, MI 48182
734 850-6000

School Name: _____ School Year: _____

Student Name: _____
Last First Middle

Birth Date: _____ / _____ / _____ Gender: Male Female Grade: _____
Month / Day / Year

The answer you give below will help determine your child's eligibility for services under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate.

Where is the student currently living? (Please check one box.)

- Permanent housing
- Homeless shelter
- Youth shelter
- Doubled-Up (temporarily living/staying with another family member/friend/others due to loss of housing or economic hardship)
- Other location (e.g. in a car, park, bus, train, or campsite)
- Other temporary living arrangement (please describe): _____
- Foster care placement as of _____ (date)
- Motel/Hotel
- Domestic violence shelter

Parent/Legal Guardian Name: _____

Address: _____ Phone: _____

City, State: _____ Zip: _____

Please check if new address or phone number

PLEASE READ: Presenting false information, false records or falsifying records is an offense punishable by federal and state law. By signing below, you attest that all information provided on this form is true and accurate.

Parent/Legal Guardian Signature: _____ **Date:** _____

For School Use Only:

I certify the above named student is eligible to receive services under the McKinney-Vento Act including participation in the Child Nutrition Program.

Date McKinney-Vento Liaison Signature