



# BRANDYWINE COMMUNITY SCHOOLS

1830 S 3<sup>RD</sup> ST. NILES, MI 49120  
**Student Enrollment Form**

**OFFICE USE ONLY**

Date: \_\_\_\_\_  
Teacher: \_\_\_\_\_  
Records Request \_\_\_\_\_  
RCV'd Records \_\_\_\_\_

**STUDENT INFORMATION** (Please Print)

Grade: \_\_\_\_\_ Previous student in this district?  Yes  No

Student's Legal Last Name		Legal First Name		Middle Name		Suffix	
Birth Date MM/DD/YYYY		Gender <input type="checkbox"/> M <input type="checkbox"/> F		Preferred Name		<input type="checkbox"/> SOC <input type="checkbox"/> IN DISTRICT <input type="checkbox"/> TUITION	
Street Address (Primary Household)				Apt/Lot #		PO Box	
City		State	Zip	County			

Answers to this residency information help determine services the student may be eligible to receive under the McKinney-Vento Act.

**Is this address a temporary living arrangement due to loss of housing or economic hardship?**  Yes  No

**LEGAL PARENT(S) OR GUARDIAN(S) LIVING IN PRIMARY HOUSEHOLD**

Full Legal Name(s) (First, Middle, Last)					
Relationship to Student		<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Court Guardian <input type="checkbox"/> Other _____		<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Court Guardian <input type="checkbox"/> Other _____	
Employer Name					
Employer Phone					
Cell Phone					
Email Address					
ACTIVE MILITARY		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Michigan law allows student information to be shared with both parents, regardless of marital status, unless a court order dictates otherwise. Please provide the school with any current legal court documents or restraining orders pertaining to this student.

**SECONDARY HOUSEHOLD INFORMATION** (Does student have a legal parent/guardian living at a different residence?)  YES  NO

Full Legal Name(s) (First, Middle, Last)					
Relationship to Student		<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Court Guardian <input type="checkbox"/> Other _____		<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Court Guardian <input type="checkbox"/> Other _____	
Address					
Employer Name					
Employer Phone					
Cell Phone					
Email Address					
ACTIVE MILITARY		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

**OTHER CHILDREN LIVING IN STUDENT'S PRIMARY HOUSEHOLD**

Last Name	First Name	Gender	Birth Date	Grade	Relationship to Student
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			

**ETHNICITY & RACE / HOME LANGUAGE**

**NOTE:** Please answer both parts of the Ethnicity and Race sections. Regardless of what you select for Ethnicity, please select one or more boxes to indicate what you consider your student's race to be. If either part is not answered, the U.S. Department of Education requires the school district to supply an answer on your behalf.

<b>Ethnicity:</b> Is this student Hispanic/Latino? (Choose only one) (Not a race question) <input type="checkbox"/> No <input type="checkbox"/> Yes (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)
<b>Race:</b> (Choose one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White
Is your child's native tongue a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the language _____?
Is the primary language used in your child's home or environment a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the language _____? (Sections 380.1152-380.1157 of the School Code of 1995)

**PREVIOUS SCHOOL INFORMATION**

Name/Address/State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**SPECIAL SERVICES**

Was Student expelled/suspended from previous school?  YES  NO

Is your student receiving any special services such as  504 plan  Special Education IEP

Free/Reduced Meals  Other \_\_\_\_\_

By signing this form, you are agreeing that the above information is true and accurate.

Parent/Legal Guardian Signature

Date \_\_\_\_\_

# Brandywine

Community Schools

*“Committed to Every Student’s Success”*

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Merritt Elementary<br>1620 LaSalle Ave.<br>Niles, MI 49120<br>269-684-6511 phone<br>269- 684-8940 fax | <input type="checkbox"/> Brandywine Elementary<br>2428 S 13 <sup>th</sup> Street<br>Niles, MI 49120<br>269-684-8574 phone<br>269-684-8924 fax | <input type="checkbox"/> Middle/Senior High<br>1700 Bell Rd<br>Niles, MI 49120<br>269-683-4800 phone<br>269-683-1186 fax | <input type="checkbox"/> Brandywine Innovation Academy<br>1830 S 3 <sup>rd</sup> Street<br>Niles, MI 49120<br>269-683-8805 phone<br>269-684-8998 |
|--|---|--|--|

## AUTHORIZATION FOR RELEASE OF RECORDS

### PREVIOUS SCHOOL INFORMATION

Name of School			
Address of School			City, State, Zip
School Phone			School Fax
School Email			Withdrawal Date

**\*\*\*\*\*SCHOOL USE ONLY\*\*\*\*\***

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*According to the Family Education Rights and Privacy Act dated June 17, 1976 it is no longer necessary to obtain written consent to release records between schools. School officials, including teachers within the educational institution and officials of other school systems in which a student may intent to enroll, may receive a student’s records without written consent for such release.

**Parent/Legal Guardian Signature**

Date \_\_\_\_\_

# TRANSPORTATION INFORMATION

1700 Bell Road Niles, MI 49120

Phone (269) 683-5311 or 269-683-4800 ext 2204 Email to: [dseidner@brandywinebobcats.org](mailto:dseidner@brandywinebobcats.org)

Parents/Guardians: Please fill out this sheet if your child will be riding a bus to or from school any time during the \_\_\_\_\_ school year.

\*\*\*\*\*

If bus service is needed, please check which school

- |  |                             |                               |                               |
|--|-----------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> <b>High/Middle School</b> | <input type="checkbox"/> TO | <input type="checkbox"/> From | <input type="checkbox"/> Both |
| <input type="checkbox"/> <b>Elementary</b>         | <input type="checkbox"/> TO | <input type="checkbox"/> From | <input type="checkbox"/> Both |
| <input type="checkbox"/> <b>Merritt</b>            | <input type="checkbox"/> TO | <input type="checkbox"/> From | <input type="checkbox"/> Both |

Student's Legal Last Name		Legal First Name		Middle Name	Suffix
Birth Date MM/DD/YYYY		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Grade		
Parent/Guardian					
Street Address (Primary Household)				Apt/Lot #	PO Box
City		State	Zip	County	

<b>Must check one box below</b>	<b>AM/Pick-up</b>
<input type="checkbox"/> Home <input type="checkbox"/> Childcare <input type="checkbox"/> Relative <input type="checkbox"/> Other	Name of Person Going to:
	Location:
	Address:
	City, Zip
	Phone:
	COMMENTS:

↑↑ **COMPLETE BOTH AM and PM** ↓↓

<b>Must check one box below</b>	<b>PM/Drop-off</b>
<input type="checkbox"/> Home <input type="checkbox"/> Childcare <input type="checkbox"/> Relative <input type="checkbox"/> Other	Name of Person Going to:
	Location:
	Address:
	City, Zip
	Phone:
	COMMENTS:

# TRANSPORTATION INFORMATION (CONTINUED)

## HEALTH/MEDICAL INFORMATION

NO KNOWN MEDICAL PROBLEMS

Please state any health problems including food allergies that the school staff should be aware of.

---

If you have a child in Kindergarten our school policy is to have an adult at the bus stop otherwise the student will not be dropped. Would you like to have this waived?  YES  NO

By my signature below, I make application for transportation services as outlined above and in the accompanying guidelines. I attest that the home address listed above is the true residence of the student(s) named above. I understand that acceptance of this application by the BCS Transportation Department does not guarantee any service outside the guidelines stated in the "**BCS Transportation Student Manual.**" I understand that if request is granted my student(s) will be picked up/dropped off at the closest designated stop to the requested address and that I/we are obligated to file a new application if we change any of the above information.

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

- A new Transportation Request must be submitted each school year.
- Students are to ride their assigned buses only.
- Changes not allowed without prior approval from the Transportation Department.

Forms due to bus garage by July 15<sup>th</sup> for Kindergarten.  
Forms due to bus garage by August 1<sup>st</sup> for all others.