



# 2010—2011 Registration Form

To apply for admission, the following documents are required by February 24, 2010 by 3:00 PM:

- Completed 3 page application
- Copy of birth certificate
- Copy of immunizations
- Copy of last grade report /transcript for 10th—12th  
*(NA for entering kindergarten)*

Applications received after that date will be added, in order received, to the wait list. Note: Application is valid for one academic year only.

## STUDENT INFORMATION

Student's Full Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Grade for Fall 2010 K 1 2 3 4 5 6 7 8 9 10 11 12 Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth Place (city) \_\_\_\_\_ Gender M F Twin / Triplet? YES NO

Student Primary Residential Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
School District of Residence \_\_\_\_\_

Ethnic Information (MI DEPT of ED) check & order all that apply:  American Indian or Alaska Native  Black or African American  Asian  
 Native Hawaiian or Pacific Islander  Hispanic or Latino  White

## PARENT / GUARDIAN INFORMATION

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Legal Guardian? YES NO

Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Email \_\_\_\_\_ Employer / Occupation \_\_\_\_\_

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Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Email \_\_\_\_\_ Employer / Occupation \_\_\_\_\_

## MEDICAL INFORMATION

Please list all special medical needs and current medications \_\_\_\_\_

\_\_\_\_\_ Has student had chicken pox? No Yes Date \_\_\_\_\_

## SPECIAL SERVICES

Does student have an Individualized Education Plan (IEP)? YES NO Date \_\_\_\_\_

Did student receive Special Services at previous school? YES NO

Check services received:  Speech  Social Work  L.D.  E.I.  E.M.I.

Self-Contained Classroom  Resource Room  English as Second Language Primary language at home? \_\_\_\_\_

## SIBLINGS

Does this student have sibling(s) currently enrolled at BRPS? YES NO Name(s) \_\_\_\_\_

Does this student have siblings also applying to BRPS for the 2010 / 2011 academic year? YES NO Name(s) & Grade(s): \_\_\_\_\_

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

Office Use Only: Date / Time Received Complete



STUDENT NAME: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**ADDITIONAL EMERGENCY CONTACT**

In the event the parents / guardians can not be reached, please list an alternate adult the school can contact (optional):

Name \_\_\_\_\_ Phone \_\_\_\_\_

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**FIELD TRIP & TRANSPORTATION PERMISSION SLIP**

I give my permission for my child listed above to ride with Black River faculty and/or staff in a school bus or chartered bus for field trips & special events. Furthermore, I give permission to the adults on these trips to provide my child with emergency medical care if necessary. I understand that every effort will be made to contact me prior to providing care.

I also allow my student to walk, with supervision, to nearby parks, libraries, or surrounding areas close to Black River Public School.

This document serves for all field trips within a 25-mile radius of Black River Public School. Any field trip extending beyond that range will require separate permission form(s). In such instances, the permission forms will be sent home prior to the trip date.

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Parent Signature

Date

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**AFFIRMATION OF PRIOR DISCIPLINE**

Black River Public School is committed to academic excellence and high behavior expectations. By attending Black River Public School, you agree to the standards and expectations set forth in the student handbook. Please read the standards and expectations included in the admissions packet.

*A willful false statement on this affirmation will result in a report to the appropriate authorities.*

*By checking the appropriate box and signing below, you are affirming information relating to the suspension or expulsion from any public or private school for any offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person, or for any act of violence against persons and/or property committed on school premises, at any school sponsored event, or on a public or private conveyance providing transportation to or from a school or school sponsored activity.*

Please check one box:

No, student has not been suspended or expelled.

Yes, student has been suspended or expelled. Please include description of the incident, school and dates:

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Parent Signature

Date

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Student Signature

Date

*(Required for students entering grades 6-12 only)*



*This form is not required for students entering kindergarten.*

**STUDENT INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ Last Year Attended: \_\_\_\_\_

School Address: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_

***THE STUDENT LISTED ABOVE HAS ENROLLED AT BRPS FOR THE 2010 / 2011 ACADEMIC YEAR. PLEASE SEND ALL STUDENT RECORDS, INCLUDING: CA-60, TRANSCRIPT, BEHAVIOR REPORT, SPECIAL / CONFIDENTIAL TESTING, IEP, AND HEALTH RECORDS.***

*Within 14 days after enrolling a transfer student, the school shall request in writing directly from the student's previous school a copy of his or her record. Any school that compiles records for each student in the school and that is requested to forward a copy of a transferring student's record shall comply within 30 days after receipt of the request.*

*The Federal Register Volume 41, No. 118, Section 99.31, June 17, 1976 states: PRIOR CONSENT FOR DISCLOSURE IS NOT REQUIRED IF THE DISCLOSER IS TO OFFICIALS OF ANOTHER SCHOOL OR SCHOOL SYSTEM IN WHICH THE STUDENT SEEKS OR INTENDS TO ENROLL.*

**PLEASE SEND RECORDS TO:**

**Black River Public School  
491 Columbia Avenue  
Holland, MI 49423**

**Phone: (616) 355-0055  
Fax: (616) 355-0057**