



Registration Checklist

To apply for admission, the following documents are required by **4:00pm on February 22, 2017**.

- Completed 4 page Registration Form — Please make sure each field is filled out completely. Incomplete applications will not be accepted.**
- A copy of the original birth certificate**
- A copy of the immunization record**
- A copy of a current report card (when applying for grades 1st-9th) or transcript (when applying for grades 10th-12th)**

We kindly ask that when submitting your Registration form, that copies have already been made of the requested documents. Thank you!

Please note:

- ◆ For the 2017-2018 academic year, if you are applying for kindergarten, your child will need to be 5 years old by September 1, 2017.
- ◆ If your child is currently homeschooled, a current report card/transcript must be included with your application. Please include student's name, academic year, classes, and grades earned.
- ◆ Families will be notified regarding acceptance or wait list status by March 20, 2017.
- ◆ You are welcome to bring the completed Registration form and supplemental documents to the main office, fax to: (616) 355-0057 — Attn: Nicole Klunder, or mail it to the address below.

Black River Public School
Attn: Nicole Klunder
491 Columbia Avenue
Holland, MI 49423

Thank you for your interest in Black River Public School!

2017—2018 Registration Form

To apply for admission, the following documents are required by February 22, 2017 by 4:00 PM: Completed 4 Page Registration Form, Copy of the Birth Certificate, Copy of Immunization Record, Current Report Card (when applying for grades 1st-9th) or Transcript (when applying for 10th—12th) Please Note: Applications received after the due date will be added, in order received, to the wait list. Application is valid for one academic year only.

STUDENT INFORMATION

Student's Full Legal Name: Last _____ First _____ Middle _____

Grade for **Fall 2017** 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 _____
Address City State Zip County

Home Phone _____ School District of Residence _____ Current School _____

For students applying via foreign exchange program ONLY—If the applicant is a **foreign exchange student**, is he/she a United States citizen? YES NO

Ethnicity & Race (MI DEPT of ED) - The US Department of Education requires that parents answer both Parts A and B. Please select an answer for both. If either part A or B is not answered, the Department of Education requires the school district to supply an answer on your behalf.

Ethnicity: Is this student Hispanic/Latino? (choose one only)

- No, not Hispanic or Latino
 Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture, regardless of race)

Race: The question above is about ethnicity, not race. No matter what you selected, please continue to answer the following by marking one or more boxes to include what you consider your student's race to be. (Required to meet state reporting guidelines.)

American Indian/Alaska Native Asian American White Hawaiian/Pacific Islander Black/African American

PARENT / GUARDIAN INFORMATION

Name _____ Relationship to Student _____ Do you have legal custody of the student? YES NO

Address (if different) _____

Home Phone _____ Cell Phone _____ Work Phone _____ Ext _____

Email _____ Employer / Occupation _____

PARENT / GUARDIAN INFORMATION

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Address (if different) _____

Home Phone _____ Cell Phone _____ Work Phone _____ Ext _____

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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 of most recent IEP: _____

Did student receive Special Services at previous school? YES NO

Circle Services Received: Speech Social Work L.D. E.I. E.M.I. Self-Contained Classroom Resource Room English as Second Language

LANGUAGE Primary language spoken at home _____

SIBLINGS

Does this student have sibling(s) currently enrolled at BRPS? YES NO Name(s) & Grade(s) _____

Does this student have siblings also applying to BRPS for the 2017/2018 academic year? YES NO Name(s) & Grade(s) _____

X _____
Parent Signature Date

How did you hear about BRPS? Family Friends Flier Newspaper Other _____

Office Use Only: Date / Time Received Complete	
_____	_____
<input type="checkbox"/> Entered Data	<input type="checkbox"/> Requested Records



STUDENT'S FULL 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 _____

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.

X _____
Parent Signature Date

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 indicate which one). Please include description of the incident, school, and dates:

X _____
Parent Signature Date



This form is not required for students entering kindergarten.

STUDENT INFORMATION:

Student's Full Name: _____

Date of Birth: _____

Current School: _____

Current Grade Level: _____

School Address: _____

School Phone: _____ School Fax: _____

Parent Signature: _____ Date: _____

THE STUDENT LISTED ABOVE HAS ENROLLED AT BRPS FOR THE 2017 / 2018 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
Attn: Nicole Klunder
491 Columbia Avenue
Holland, MI 49423**

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



Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency questionnaire help determine the services this student may be eligible to receive. A willful false statement will result in a report to the appropriate authorities.

Student's Full Legal Name: Last _____ First _____ Middle _____

Date of Birth _____ Current Grade _____ Gender M F

Name of Parent(s)/Legal Guardian(s) _____

Relationship to Student _____

Address _____

City _____ State _____ Zip _____

1. Is your current address a temporary living arrangement? Yes No
 If you answered yes, is this temporary living arrangement due to a loss of housing or economic hardship? Yes No
2. Are you a refugee or migrant? Yes No
3. Has either parent or guardian served in the U.S. military service? Yes No

If you answered YES to the above questions, please complete the remainder of this form.

If you answered NO, please sign and date the bottom of the form.

4. Where is this student currently living?

- In a shelter.
- In a hotel/motel.
- In a location not designed for ordinary sleeping accommodations such as a car, public space, or campsite.
- Transitional housing.
- Moving from place to place.
- Alone, without an adult.
- With an adult that is not a parent or legal guardian.
- With more than one family in a house or apartment. Resides with _____
- In Foster Care. Date of placement _____
- Other - Please provide specific information _____

X _____

Signature of Parent/Legal Guardian

Date

For Office Use Only

- Sheltered Unsheltered Transitional Housing Foster Care Doubled-Up
- Hotel/Motel Unknown Unaccompanied Youth
- Free or Reduced Price Meals Form (signed and submitted)