

**Bay-Arenac Community High School**  
**805 Langstaff Street**  
**Essexville, MI 48732**  
**Phone: 989/893-8811**  
**Fax: 989/895-7749**  
*A Charter Public School Academy*

Today's Date: \_\_\_\_\_

Enrollment for: Fall Semester  Winter Semester   
 Program: In School  On-line Academy

**Student Information** (Birth Certificate required with application)

Student Name:		Date of Birth:
Student Address:		Age:
City:	State:	Zip Code:
Home Phone#	Student Cell #	Place of Birth:
Whom does the student live with:		Relationship to Student:
Last High School Attended:		Middle School Attended:
Reason you left previous school: <input type="checkbox"/> Discipline <input type="checkbox"/> Attendance <input type="checkbox"/> Other - please explain: _____		

**Parent/Guardian Information**

Mother's Name:		Father's Name:	
Mother's Address:		Father's Address:	
City:	State:	City:	State:
Zip Code:	Phone #:	Zip Code:	Phone #:
Cell #:	Work#:	Cell #:	Work #:
E-Mail:		E-Mail:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	

**Emergency Contact Information** (grants permission to sign student out)

Name:	Name:
Phone #:	Phone #:
Relationship:	Relationship:

**Home Language and Race Ethnicity Survey**

Is this student or are you Hispanic/Latino? (choose one) Yes No

Is the primary language used in the home a language other than English? Yes No If YES, what is the language? \_\_\_\_\_

What is student's race? (choose one) American Indian/Alaskan Native Asian Black or African American White Native Hawaiian or other Pacific Islander

**Other Information**

How did you hear about Bay-Arenac Community High School? \_\_\_\_\_

How will you get to school? Bay Metro Bus Parent/Guardian Drop Off Drive (if driving, color and make of vehicle: \_\_\_\_\_)

Have you attended the Bay Arenac Career Center or were you awarded a spot from your previous school? Yes No

If yes, program name: \_\_\_\_\_ AM session PM session

## Special Education Information

Did student receive any special education services at a previous school? (choose one)  Yes  No

If yes, indicate type of services student received below and request transfer forms.

Special Education Classes    Speech    Social Work    Occupational Therapy / Physical Therapy

*\*\*If yes, please provide a copy of the most recent IEP with this application.*

## Medical/Health/ADA Information

504 Plan? (choose one)  Yes  No   *\*\*If yes, please provide a copy of the most recent 504 with this application.*

Does the student have any health issues/concerns we should know about? Please explain:

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Will any medication need to be taken during school hours?  Yes  No (If yes, please request Permission Form for Medication from the office.)

Please list medications the student will need to take: \_\_\_\_\_

Please provide us with any additional information we may find useful (additional mailing addresses, special circumstances, unique situations, etc) in educating your student.

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Please check any and all statements that apply the student.

- Having trouble with the subjects in English Language Arts (Grammar, Reading, Writing)?
- Having trouble with the subjects in Grade Level Math (Basic Math, Algebra, Geometry)?
- A pregnant teen or a teen parent?
- Eligible for Free/Reduced Lunch?
- Experiencing atypical behavior (not usual behavior, acting strange)?
- Experiencing attendance problems (frequently late, not attending on a regular basis)?
- Part of a family with a history of problems in school?
- Now or ever been incarcerated or on probation (in Juvenile Detention or Jail)? If so, please explain: \_\_\_\_\_
- Suspected of substance abuse? (Alcohol and/or drugs)

\_\_\_\_\_  
Parent/ Guardian Signature (required if student under 18yrs.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date