



# ENROLLMENT FORM

**STUDENT INFORMATION** **PLEASE PRINT**

Legal Name (Last, First, Middle): <input style="width: 95%;" type="text"/>	Grade: <input style="width: 40%;" type="text"/>	Gender (M, F, X): <input style="width: 40%;" type="text"/>	Preferred Name / Preferred Pronouns: <input style="width: 95%;" type="text"/>
Home or Primary Phone Number: <input style="width: 95%;" type="text"/>	Date of Birth: <input style="width: 40%;" type="text"/>	Birth City, State, Country: <input style="width: 95%;" type="text"/>	
Address: <input style="width: 95%;" type="text"/>	City, Zip: <input style="width: 40%;" type="text"/>	School district student lives in: <input style="width: 95%;" type="text"/>	
Mailing Address (if different than above): <input style="width: 95%;" type="text"/>	City, Zip: <input style="width: 40%;" type="text"/>	Name of previous school attended: <input style="width: 95%;" type="text"/>	
Does your child have an Individualized Education Plan (IEP)? <input type="checkbox"/> YES <input type="checkbox"/> NO	Does your child have a 504 Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO	Student Email Address: <input style="width: 95%;" type="text"/>	

Student's Cell Phone #:  Are you living in temporary housing or shelter?  YES  NO

Student Facebook Name:  Has this student ever been suspended from school? If yes, date suspended:   
 YES  NO

Has this student ever been expelled from school? If yes, date expelled:  If yes, please describe why expelled:   
 YES  NO

Is this student currently on probation? If yes, name and contact information for Probation Officer:   
 YES  NO

Does this child have any significant Medical Diagnosis? If yes, describe:   
 YES  NO

Does this child have any allergies? If yes, describe:  Treatment plan?   
 YES  NO

**GUARDIAN/FAMILY INFORMATION – RELATIONSHIP REQUIRED** **PLEASE PRINT**

Last Name, First Name: <input style="width: 95%;" type="text"/>	Relationship: <input style="width: 95%;" type="text"/>	Email address for all school communications: <input style="width: 95%;" type="text"/>
Workplace: <input style="width: 95%;" type="text"/>	Work phone/Extension: <input style="width: 40%;" type="text"/>	Cell phone number: <input style="width: 40%;" type="text"/>
Last Name, First Name: <input style="width: 95%;" type="text"/>	Relationship: <input style="width: 95%;" type="text"/>	Email address for all school communications: <input style="width: 95%;" type="text"/>
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**SECOND HOUSEHOLD FAMILY INFORMATION - IF SHARED CUSTODY ARRANGEMENTS EXIST** **PLEASE PRINT**

If no shared custody, please leave the following section blank and continue to the Emergency Contact information.

If divorced, please mark custody.

Legal custody:  Mother  Father  Joint  Other      Physical custody:  Mother  Father  Joint  Other

Last Name, First Name: <input style="width: 95%;" type="text"/>	Relationship: <input style="width: 95%;" type="text"/>	Email address for all school communications: <input style="width: 95%;" type="text"/>
Workplace: <input style="width: 95%;" type="text"/>	Work phone/Extension: <input style="width: 40%;" type="text"/>	Cell phone number: <input style="width: 40%;" type="text"/>
Last Name, First Name: <input style="width: 95%;" type="text"/>	Relationship: <input style="width: 95%;" type="text"/>	Email address for all school communications: <input style="width: 95%;" type="text"/>
Workplace: <input style="width: 95%;" type="text"/>	Work phone/Extension: <input style="width: 40%;" type="text"/>	Cell phone number: <input style="width: 40%;" type="text"/>

**NON-PARENT/NON-GUARDIAN EMERGENCY CONTACT** **PLEASE PRINT**

Authorized Person 1:	Primary Phone:	Additional Phone:	Relationship:
Authorized Person 2:	Primary Phone:	Additional Phone:	Relationship:
Authorized Person 3:	Primary Phone:	Additional Phone:	Relationship:
Authorized Person 4:	Primary Phone:	Additional Phone:	Relationship:

If I am unavailable, I authorize the above non-parent/non-guardian individuals as emergency contacts and/or to pick up my child from school. If unable to reach me, or those listed above, in an emergency, school personnel have my permission to secure emergency medical treatment for my child.

**LANGUAGE** **PLEASE PRINT**

Is your child's native tongue a language other than English?  YES  NO If yes, what is the language? \_\_\_\_\_

Is the primary language used in your child's home or environment a language other than English?  YES  NO If yes, what is the language? \_\_\_\_\_

Has your child previously received English Learners/English as a Second Language services?  YES  NO If yes, where? \_\_\_\_\_

Was your child born outside of the United States of America?  YES  NO If yes, when did he/she arrive in the USA? \_\_\_\_\_

When did your child first attend school in the USA? \_\_\_\_\_ In what language do you prefer to receive student progress reports? \_\_\_\_\_

**PART A: ETHNICITY** **PART B: RACE**

The U.S. Department of Education requires that parents answer both Parts A and B. Please select an answer for both. If either part is not answered, the U.S. Department of Education requires the school district to supply an answer on your behalf.

<p><b>Is this student Hispanic/Latino?</b> (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) <b>Choose only one:</b></p> <p><input type="checkbox"/> YES, Hispanic/Latino</p> <p><input type="checkbox"/> NO, not Hispanic/Latino</p>	<p>The question to the left is about ethnicity, not race. No matter what you selected, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.</p> <p><input type="checkbox"/> <b>American Indian/Alaska Native</b> (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)</p> <p><input type="checkbox"/> <b>Asian</b> (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian sub-continent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)</p> <p><input type="checkbox"/> <b>Black/African American</b> (A person having origins in any of the black racial groups of Africa.)</p> <p><input type="checkbox"/> <b>White</b> (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)</p> <p><input type="checkbox"/> <b>Native Hawaiian/Pacific Islander</b> (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)</p>
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**PARENT/GUARDIAN CONSENT** **Failure to note will be treated as parent/guardian approval and consent.**

**1. Media Release:** My child may be photographed, video recorded, and/or interviewed by school or news media for communication purposes. (This may include, but is not limited to, the district's monthly printed newsletter, additional print and/or online news sources, the district's website and the district's social media channels.)  YES  NO

**2. Field Trips:** My child has permission to attend school-organized field trips.  YES  NO

**3. Documentation:** I acknowledge that staff may assist my child in obtaining enrollment documents: transcripts, immunization records, previous school records, etc.  YES  NO

**4. I acknowledge that the following documents are required for all enrollments:**  
 Birth Certificate  Immunization Record  Photo ID  Proof of residency  Transcript

**5. 5-O-D Consent:** I give my permission for my student to take virtual/online classes. My Bridge Academy of Southwest Michigan will attend on-campus learning when appropriate but will be otherwise considered online learners for all MDE reporting.  YES  NO

**These documents can be dropped off the Bridge Academy of Southwest Michigan or emailed to [bridge@miworks.org](mailto:bridge@miworks.org). All documents must be received within 30 days of the first day of school.**

**PARENT/GUARDIAN SIGNATURE** **I certify the information on this form is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

At Bridge Academy of Southwest Michigan no person shall, on the basis of race, age, color, religion, national origin, genetic information, sex or handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program of the Academy, including employment.