

BEDFORD PUBLIC SCHOOLS - REGISTRATION FORM

Student Name on Birth Certificate: _____ (Has student gone by another name: _____)	FOR OFFICE USE ONLY: Student #: _____ UIC #: _____ Family Census #: _____ Home School: _____ School Attending: _____ Teacher: _____ Bus Rt # _____
Street Address: _____	<u>Completed:</u> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immunizations <input type="checkbox"/> Vision Screening <input type="checkbox"/> Resident Verification <input type="checkbox"/> Michigan Driver's License <input type="checkbox"/> Parent / <input type="checkbox"/> Other <input type="checkbox"/> Residency Affidavit Exp Date _____ <input type="checkbox"/> Current Utility Bill (Bedford) <input type="checkbox"/> Other _____ <input type="checkbox"/> Custody Decree <input type="checkbox"/> Home Language/Ethnic Survey
City, State, Zip: _____	
(area code) Phone(s)*required: _____	
Gender: _____	
Birth Date: _____	
Entering Grade: _____	
Birthplace (City, State): _____	
Last School Attended: _____	
Street Address: _____	
City, State, Zip: _____ (area code) Phone: _____	
Enrolled in Special Education (if yes, define 504/category or explain): <input type="checkbox"/> IEP Speech <input type="checkbox"/> IEP Academic <input type="checkbox"/> 504 _____ <input type="checkbox"/> Other: _____	
Does the child have health problems we need to be aware of? Explain: _____ _____ _____	

Has student previously attended Bedford Public Schools? No Yes If yes, when _____

If your child will be cared for before and/or after school by a childcare provider, please complete the following:

Provider Name: _____					
Street Address: _____	Please check all that apply:				
City, State, Zip: _____	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri
Phone: _____	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Contact Person: _____	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM

Is there a second regular childcare provider? If yes, complete the following:

Provider Name: _____					
Street Address: _____	Please check all that apply:				
City, State, Zip: _____	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri
Phone: _____	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Contact Person: _____	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM

If eligible, I plan to use BPS Transportation System YES NO

Child's PARENT Data:	Mother	Father
Name		
Is Parent deceased?		
Address (if different from child's)		
City, State, Zip		
(area code) Home Phone		
(area code) Cell Phone		
(area code) Work Phone		
Email address		
Place of Employment		
Marital Status: Single, Married, Divorced, Separated		
With whom does child reside?		
Is a custody decree in place? <input type="checkbox"/> -Yes <input type="checkbox"/> -No <input type="checkbox"/> -Pending If Yes, a copy must be provided for your child's records.		

If child's parents are remarried, please complete the following:

Child's STEP PARENT Data:	Step-Father	Step-Mother
Name		
Place of Employment		
(area code) Work Phone		
(area code) Cell Phone		

List all other children in the household:

Name	Gender	Birth date	Attends BPS
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

As the District begins to "Go-Green," progress reports and report cards will be available through the Home Access Center. If you do not have access to the internet, a paper copy may be requested from the office.

I understand that it is my responsibility to review the policies, procedures, rules, and the Information Technology User Guidelines available in the Parent/Student Handbook. I may access the Parent/Student Handbook on the school website, www.bedford.k12.mi.us or request a copy at the school office. Failure to sign the re-enrollment card does not exclude my student from following the school rules. I certify that all of the above is true to the best of my knowledge.

Parent or Guardian Signature

Date

