

**CARL D. MAYES REGISTRATION FORM**

Student's Name \_\_\_\_\_ Grade Entering \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Zip Code \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
Student's Birthdate \_\_\_\_\_ M/F \_\_\_\_\_  
City and State Where Student Was Born \_\_\_\_\_  
Student's Social Security Number \_\_\_\_\_  
Resident of Beal City School District Yes \_\_\_\_\_ No \_\_\_\_\_  
If No, Which School District \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Mother's Full Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email address #1 \_\_\_\_\_  
Father's Full Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email address #2 \_\_\_\_\_  
With Whom Does Student Reside? Mother \_\_\_\_\_ Father \_\_\_\_\_ Both Parents \_\_\_\_\_

Please list names of siblings \_\_\_\_\_

**PLEASE LIST PERSONS WHO MAY PICK UP AND TEMPORARILY CARE FOR YOUR CHILD IN CASE YOU CANNOT BE REACHED. PHONE NUMBERS MUST BE INCLUDED.**

\_\_\_\_\_  
\_\_\_\_\_

Please list any medication alerts - allergies, bee stings, etc.

\_\_\_\_\_

<input type="checkbox"/> We have accident insurance for our child
Name of company _____
<input type="checkbox"/> We do not have insurance.

We do not wish to participate in any insurance plan even though we realize the school is **NOT** responsible for injuries that are incurred and that our child cannot participate in any athletic program without accident insurance coverage.

<b>PHOTOGRAPH/VIDEO RELEASE</b>
YOUR SIGNATURE BELOW GRANTS PERMISSION ALLOWING YOUR SON/DAUGHTER TO APPEAR IN PHOTOGRAPHS AND/OR VIDEO WHICH MAY BE TAKEN AT SCHOOL.
<input type="checkbox"/> PLEASE CHECK HERE IF YOU CHOOSE NOT TO GIVE PERMISSION.

Yes, we do have internet access at home.  
 No, we do not have access to the internet.

My child currently receives the following special services: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature Required (indicates the accuracy of the information given above)

**PLEASE NOTE THAT THE FORM ON THE BACK OF THIS PAGE MUST BE COMPLETED.**

BEAL CITY SCHOOLS

STUDENT/BUS INFORMATION

Student Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

School \_\_\_\_\_

Home Address \_\_\_\_\_

\*Pick-up Address \_\_\_\_\_

\*Drop-off Address \_\_\_\_\_

Parent Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

\_\_\_\_\_

\*If these are different from the home address, we will assume the child is at a babysitter's house. The babysitter must be in the school district where your child is registered to receive transportation services. If your babysitter changes, please notify the elementary office as soon as possible.

To avoid confusion, we will drop off your child at one address. If you need to have your child dropped off at a different address, you will need to complete a bus pass. Please address any questions you may have concerning bussing to the elementary office at 644-2740.

Please return this form to the elementary office no later than August 11, 2008. We will need this information in order for our bus drivers to organize their routes.

