

BEECHER REGISTRATION FORM

If you are not on the student's birth certificate, you must be legal guardian or have power of attorney paperwork with you to complete enrollment process.

Has child ever attended a Beecher School? _____ *Does your child receive Special Services:* _____

Student Name: _____ Grade: _____ Date: _____

Address: _____ City: _____ Zip: _____

Date of Birth: ____/____/____ Sex: Male____ Female ____ Race: _____

Mother: _____ Father: _____

Address: _____ Address: _____

Employer: _____ Employer: _____

Phone #: _____ Phone #: _____

Work #: _____ Work #: _____

Student lives with: Mother Father Mother/Father Grandparent Foster Parent
 Guardian other, explain _____

School last attended: _____ Date Left: _____

EMERGENCY contact, when parent cannot be reached contact the following:

Name	Relationship	Telephone/Cell Phone Numbers

Other children in the family attending Beecher Schools: _____

Doctor: _____ Phone #: _____

Hospital preference: Hurley McLaren Genesys

Allergies and/medical problems: _____

Child is not to leave with: _____

Has your child ever been expelled from school? ____ If yes, the reason: _____

Parent/Guardian Signature: _____ **Date:** _____