

Resident District: _____

ENROLLMENT APPLICATION FORM

(For pupils residing outside Pinconning Area Schools and within the Bay-Arenac ISD)

Please check one: New application Renewal application Sibling of student in district

Full legal name of student: _____ Age: _____

Date of birth: _____ Grade (current school year): _____

Address of student and Parent/Guardian(s):

street number	street	post office box
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city	state	zip	telephone number
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Proof of residency used: _____

District transferring from: _____

Please Circle: (Bay City) (Bangor) (Essexville) (Standish) (Arenac Easter) (AuGres) (Other)

Name of Parent/Guardian: _____

Address: _____ telephone number _____
(Write SAME if same as student's address)

School requested: _____

Special program required by student, if any: _____
(Write NONE, if none applies)

Has the student been suspended or expelled from school at any time in the most recent two (2) year period? Yes No

If yes, please list approximate date and explain the circumstances and/or rule infraction:

For Parent/Guardian:

I hereby apply for the admission of my son/daughter, _____, to Pinconning Area Schools. I certify that the information given is complete and true. I understand that admission depends on available space in the grade/school/program and that my child may be removed or denied admission, if this application is incomplete or inaccurate. I understand that I am responsible for providing transportation to/from school or an existing bus route.

Parent/Guardian signature: _____ Date: _____

Office:

Printed name of parent from picture ID _____
Application received by _____
Application date _____
Building Principal authorization _____

AFFIRMATION OF PRIOR DISCIPLINE RECORD

A willful false statement on this affirmation will result in a report to the appropriate authorities.

DIRECTIONS: Check the applicable paragraph, provide all appropriate information, and sign this document.

Paragraph 1:

_____ The undersigned affirms that _____ has not been suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury or violence to another person or to property on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

Paragraph 2:

_____ The undersigned affirms that _____ has been suspended or expelled from a public or private school in Michigan or another state for one or more offenses involving weapons, alcohol or drugs, or for the willful infliction of injury or violence to another person or to property on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from school or school sponsored activity.

If you checked paragraph 2, explain the circumstances in detail. Include the school name, dates of suspension, expulsion, and a description of the incident giving rise to the suspension or expulsion.

Signature of Student _____ **Date:** _____

Signature of Parent: _____ **Date:** _____

Date sent for verification: _____ **Initials of PASD Staff:** _____

Name of former school district: _____

Please check one:

_____ According to our records, we can verify that the information provided above by the parent/student is correct.

_____ According to our records, the information provided above by the parent/student is not correct.

If the student has been involved in offenses involving weapons, alcohol, or drugs, or willful infliction of injury to persons or an act of violence against persons and/or property committed on school premises, at a school sponsored activity, or on a public or private conveyance providing transportation to and from school or a school sponsored activity, please forward appropriate disciplinary documentation.

Signature and Title of Former School District Administrator: _____ **Date:** _____

Please fax back to 989-879-4705 or return to PASD, 605 W. Fifth Street, Pinconning MI 48650