

**L'Anse-Baraga Community Schools
Alternative Education**

(For students who are under age 20 in September of the current school year)

Enrollment

School Year _____ **Semester** _____

LEGAL NAME _____
Last First Middle (Maiden)

NICKNAME, if any _____

PHONE _____
Home # Message #

ADDRESS _____
Street City Zip

BIRTHDATE _____

BIRTHPLACE _____
City State

RACIAL/ETHNIC BACKGROUND (Required by the State of Michigan) _____

GENDER M F (Circle One)

SOC. SEC. NO. _____

PERMISSION TO TAKE/PUBLISH PHOTOGRAPHS YES NO
(Circle One)

DO YOU HAVE ANY MEDICAL PROBLEMS OR TAKE ANY MEDICATION THAT THE
SCHOOL SHOULD BE AWARE OF? IF SO, PLEASE EXPLAIN BELOW.

LAST HIGH SCHOOL ATTENDED _____
YEAR _____

ADDRESS _____
CITY/STATE/ZIP _____

LAST GRADE COMPLETED _____ GED CERTIFICATE? _____

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DO YOU INTEND TO PARTICIPATE IN A HIGH SCHOOL SPORT,
IF ELIGIBLE? YES NO

WHICH SCHOOL (L'ANSE OR BARAGA)? _____
WHICH SPORT(S)? _____

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PARENT (OR GUARDIAN) INFORMATION

STUDENT LIVES WITH (Circle One) MOTHER FATHER BOTH
OTHER _____

PARENT'S
NAME _____

PARENT'S PHONE _____

PARENT'S
ADDRESS _____

(The parent(s) listed above will receive school mailings and will be contacted in case of
emergency.)

STUDENT SIGNATURE _____

DATE _____

RECRUITER or OFFICE STAFF SIGNATURE _____