

**ISHPEMING SCHOOL DISTRICT
NON-RESIDENT STUDENT ENROLLMENT APPLICATION
(SECTION 105)
2007-2008**

PLEASE COMPLETE THIS NON-RESIDENT STUDENT APPLICATION. IF YOU NEED ASSISTANCE, FEEL FREE TO CONTACT SUPERINTENDENT STEPHEN PIERESON AT 485-5501.

Name Of Student: _____

Birth Date: _____

School Attended
In 2006-2007: _____

Grade Completed
In 2006-2007: _____

Student Address: _____

Parent Name: _____

Parent Address: _____

Home Telephone: _____

Work Telephone: _____

School District
Of Residence: _____

(OVER)

Indicate School To Which Student Is Applying:

Birchview School Central School

C.L. Phelps School Ishpeming High School

State Grade To Which Student Is Applying (It Is Not Possible To Request A Particular Teacher):

Is This Student A Special Education Student?

Yes No

If yes, please list the student's disability: _____

Parent Signature: _____

Date: _____

PLEASE SIGN THE RECORDS REQUEST AND PLACE IT WITH THE APPLICATION.

PLEASE RETURN THIS APPLICATION AND THE RECORDS REQUEST TO:

**THE SUPERINTENDENT'S OFFICE
319 E. DIVISION STREET
ISHPEMING, MI 49849**

THE ISHPEMING SCHOOL DISTRICT
IS AN
EQUAL OPPORTUNITY EDUCATION INSTITUTION

3/7/07

**RELEASE OF RECORDS
(SECTION 105 SCHOOLS OF CHOICE)**

The _____ Is authorized to release to Dr. Stephen
Name of School

Piereson the school record in its entirety (including, but not limited to, the CA-60 file, attendance reports, disciplinary reports, medical history, special education records)

of _____.
Name of Student

Name of Parent/Guardian

Signature of Parent/Guardian

Date Signed

Name of Student