

**ISHPEMING SCHOOL DISTRICT
NON-RESIDENT STUDENT ENROLLMENT APPLICATION
(SECTION 105)
2010-2011**

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 2009-10: _____

Grade Completed
In 2009-10: _____

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

**ISHPEMING SCHOOL DISTRICT
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

Signature of Parent

Date Signed