

# Ishpeming School District No. 1

319 East Division Street  
Ishpeming, MI 49849



**Dr. Stephen L. Piereson**  
Superintendent  
Phone: (906) 485-5501

**Anthony Bertucci**  
Business Manager  
Fax: (906) 485-1422

May 23, 2011

Dear Parent:

The Ishpeming School District will be accepting applications from non-resident students. Please carefully read the **"Non-Resident Student Enrollment Information"** page.

Please carefully consider the following items:

- ❖ The student must reside in Marquette County or Alger County;
- ❖ Participation in athletics may be limited by the MHSAA transfer rule;
- ❖ Students expelled from another school will be admitted only with the written authorization of the Superintendent.

A few of the unique features of our schools include: phonics reading instruction at the early elementary level; elementary computers; a sixth grade camp program; Spanish and German language instruction at the Ishpeming High School; Advanced Placement English and Advanced Placement Chemistry offered at the Ishpeming High School; an Allied Vocational Health Occupation program at the Ishpeming High School; and a wide range of extra curricular activities. The Standard and Poors rating service rates Ishpeming students as among the highest performing in the state and the U.S. News and World Report ranks Ishpeming High School as one of America's best high schools.

Our schools are noted for being safe, friendly, and caring places for children to learn and thrive.

Information about the Ishpeming Schools is available at [www.ishpemingschools.com](http://www.ishpemingschools.com) and printed material is available upon request. We would be happy to provide a tour of any of our buildings. Should you wish any additional information, please feel free to contact me.

Sincerely,

Stephen L. Piereson  
Superintendent of Schools

SLP/cmb

Enc.

**ISHPEMING SCHOOL DISTRICT  
NON-RESIDENT STUDENT ENROLLMENT APPLICATION  
(SECTION 105)  
2011-2012**

**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 2010-2011: \_\_\_\_\_

Grade Completed  
In 2010-2011: \_\_\_\_\_

Student Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

School District  
of Residence: \_\_\_\_\_

Indicate School to Which Student is Applying:

Birchview School [ ] Central School [ ]

Ishpeming Middle School [ ] Ishpeming High School [ ]

State Grade to Which Student is Applying (It is not possible to request a particular Teacher):

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Is This Student a Special Education Student?

Yes [ ] No [ ]

If yes, please list the student's disability: \_\_\_\_\_

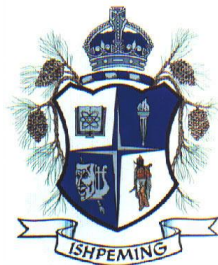
Parent Signature: \_\_\_\_\_

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