



ISHPEMING PUBLIC SCHOOL DISTRICT NO. 1
 319 EAST DIVISION STREET
 ISHPEMING, MICHIGAN 49849



**NON-RESIDENT STUDENT ENROLLMENT APPLICATION
 (SECTION 105)**

**SCHOOL YEAR
 2017-2018**

Please complete this non-resident student application. If you need assistance, you may contact the Superintendent's Office at 906.485.5501 Ext. 131.

Name of Student: _____

Birth Date: _____

School Attended
 In 2016-2017: _____

Grade Completed
 In 2016-2017: _____

Student Address: _____

Parent Name: _____

Parent Address: _____

Home Telephone: _____

Work Telephone: _____

School District
 of Residence: _____

Indicate School to Which Student is Applying:

Birchview School

Ishpeming Middle/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 (this also includes speech and language services)?

Yes No

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

Parent Signature: _____

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

Please return this application and the Records Request to

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



THE ISHPEMING SCHOOL DISTRICT
IS AN
EQUAL OPPORTUNITY EDUCATION INSTITUTION

For Superintendent's Office use only:

Date application received: _____ Accepted: Not Accepted:

Superintendent Approval: _____ Date: _____



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 906.485.5501



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

The _____ is
 authorized to release to:
 Name of School

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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