**APPLICATION FOR SCHOOLS OF CHOICE PROGRAM**

**SECTION 105 AND SECTION 105C**

**School Year 2023 / 2024**

**□ First Semester □ Second Semester**

**\*Breitung Township \*Forest Park \*Iron Mountain**

**\*North Dickinson \*Norway/Vulcan \*West Iron County**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (Please type or print clearly) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **District you are requesting:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | |  |
| **District of Residence Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| District last attended and date: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Grade entering fall 2023: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | □ Second Semester: | | | | | |
| Special services required by student: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student’s Legal Name: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | First | | | | | | | | | | | | | | | | | Middle | | | | | | Last | | | | | | | | |
| Date of Birth: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address (required): | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address and/or P.O. Box: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | | | | | | | | | | | State: | | | | | |  | | | | | Zip: | | | | | |  | |
| Previous address (if less than 1 year at current address): | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Home Phone: | | | | |  | | | | | | | | | | | | | | | | | | Cell Phone: | | | | |  | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | |  | | |
| **Parents(s)/Guardian(s):** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | First | | | | | | | | | | | | | Middle | | | | | | | | | Last | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | First | | | | | | | | | | | | | Middle | | | | | | | | | Last | | | | |
| Street Address (required): | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address and/or P.O. Box: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | | | | | | | | | | | State: | | | | | |  | | | | | Zip: | | | | | |  | |
| Previous address (if less than 1 year at current address): | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Home Phone: | | | | |  | | | | | | | | | | | | | | | | | | Cell Phone: | | | | |  | | | | | | | | | | |
| Work Phone: | | | | |  | | | | | | | | | | | | | | | | | | Additional Phone: | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | |
| **By signing below, I hereby certify that the above information is accurate and complete, and I acknowledge and accept the policies and regulations of the Schools of Choice Program.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | |
| *Parent(s)/Guardian(s) signature* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *Date* | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | |
| *Student (if over 16) signature:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *Date* | | | | | | |
|  | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | |  | |

Return to receiving school district

|  |  |  |
| --- | --- | --- |
| ***- For Office Use Only -*** | | |
| Date Received: |  | |
| Cooperative Agreement Required (105C)? | |  |
| Cooperative Agreement on file as of (date): | |  |

Revised Yearly