

**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

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): _____