**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