APPLICATION FOR SCHOOLS OF CHOICE PROGRAM SECTION 105 AND SECTION 105C

School Year 2021 / 2022 □ 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 Informati	on					
District of Residence Information District last attended and date:						
-					Semester:	
Special services required by stud						
	_					
Student's Legal Name:	First	Mr	iddle		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 co		<u></u>				
** **	urrent address).	Cell P	hone:			
			_	_		
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 cu	arrent address):					
Home Phone: Cell Phone:						
Work Phone: Additional Phone:						
By signing below, I hereby ce acknowledge and accept the po						te, and I
Parent(s)/Guardian(s) signature					Date	
Student (if over 16) signature:					Date	
	Return to r	receiving scl	hool dis	trict		
	- Fo	r Office Use	e Only -			
Date Received:						
Cooperative Agreement Required	d (105C)?					
Cooperative Agreement on file a	s of (date):					