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):