Dear Parents/Guardians:

The Ishpeming School District will be accepting new non-resident, Schools of Choice, applications as follows:

- For the first semester we may accept applications for enrollment until the end of the first week of school. The date of enrollment shall be no later than the end of the first week of school.
- For the second semester we may accept applications for enrollment during the two weeks prior to the end of the first semester. The date for enrollment shall be no later than the end of the first week of the start of the second semester.

Please carefully read the “Schools of Choice Application” as well as consider the following items:

- The student must reside in Marquette County or Alger County;
- Participating in athletics may be limited by the MHSAA transfer rule;
- Students expelled from another school will be admitted only with the written authorization of the Superintendent.

The Ishpeming High School was ranked #131 in the State of Michigan, #6 in the Upper Peninsula, #2 in Marquette County by U.S. News and World Report, “Best High Schools 2017” rankings report.

The Michigan Department of Education identified the Ishpeming Middle School as one of 347 “Reward” schools of the 4,247 schools in Michigan for 2013-2014.

A few other of the unique features of our schools include: phonics reading instruction at the early elementary level; elementary computers; a sixth grade camp program; Spanish and German language instruction at the Ishpeming High School; Advanced Placement English offered at the Ishpeming High School; an Allied Health program at the Ishpeming High School; and a wide range of extracurricular activities. The Standard and Poors rating service rates Ishpeming students as among the highest performing in the state.

Our schools are noted for being safe, friendly, and caring places for children to learn and thrive.

Information about the Ishpeming Schools is available at www.ishpemingschools.org and printed material is available upon request. We would be happy to provide a tour of any of our buildings. Should you wish any additional information, please feel free to contact me.

Sincerely,

Superintendent
Schools of Choice Application
(SECTION 105)

Please complete the following information and submit to the Ishpeming Public School District. If you should need assistance, please do not hesitate to contact the Superintendent’s Office at 906.485.5501 Ext. 431.

Name of Student: ____________________________________ Date of Birth: __________

Last School Attended: __________________________________________

Last Grade Completed: _________________________________________

Grade in which the student wishes to enroll: ______________________________

Is the student’s current education being guided by a 504 or an IEP plan (this also includes speech and language services)?

Yes □ No □

If yes, please provide a copy of the plan.

Has the student ever been suspended or expelled from school?

Yes □ No □

In School Suspensions (ISS) □ Out of School Suspensions (OSS) □
Long-term suspensions (10 days or more) □ Expelled from school □

If applicable please provide the dates and reasons: __________________________________________

________________________________________

________________________________________

If more room is needed please attach a separate sheet of paper.

Student Address: __________________________________________

Custodial Parent Name: ______________________________________

Custodial Parent Address: _____________________________________

Home Phone: ______________________ Work Phone: _______________ 

E-Mail Address: _____________________________________________

School District you reside in currently: ______________________________
Other school aged children:

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<th>Name</th>
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By signing below, I acknowledge and accept the policies and regulations of the Ishpeming Public School District No. 1 and the Michigan School of Choice laws.

Parent Signature: ____________________________________________

PLEASE SIGN THE RECORDS REQUEST AND PLACE IT WITH THE APPLICATION.

Please return this application and the Records Request to:

SUPERINTENDENT’S OFFICE
319 E. DIVISION STREET
ISHPEMING, MICHIGAN 49849

THE ISHPEMING PUBLIC SCHOOL DISTRICT
IS AN EQUAL OPPORTUNITY EDUCATION INSTITUTION

For Superintendent’s Office use only:

Date application received: ____________ Accepted: ☐ Not Accepted: ☐

Date: ____________ Signature: ____________________

Superintendent of Schools
RELEASE OF RECORDS
(SECTION 105 SCHOOLS OF CHOICE)

The ________________________________ is authorized to release to:

Name of School

ISHPEMING PUBLIC SCHOOL DISTRICT NO. 1
319 EAST DIVISION STREET
ISHPEMING, MI 49849

the school record in its entirety (including, but not limited to, the CA-60 file, attendance reports, disciplinary reports, medical history, special education records)

of ________________________________.

Name of Student

____________________________________
Name of Parent/Guardian

____________________________________
Signature of Parent/Guardian

____________________________________
Date Signed