Ishpeming Public School District No. 1
ONLINE STUDENT ENROLLMENT FORM

Student Legal Name: _________________________________________________________________________________

Last                      First                      Middle
Birthdate: ________________ Age: ___________          □ Male          □ Female          Student’s Race: Please check one

□ American Indian or Alaska Native  □ Asian Black or African-American □ Native Hawaiian or Other Pacific Islander □ White

Grade Entering: ___________ Program: □ Middle School Online Academy □ High School Online Academy

Does your child currently qualify for Special Education services or a 504 Plan: □ No □ Yes If yes, please “✓” if:
□ Special Education □ 504 Plan

With whom does the child reside: □ Both parents (same household) □ Mother □ Father □ Guardian □ Foster Parent
Are you a resident of the Ishpeming Public School District: □ Yes □ No If no, please also complete a Schools of Cho

application available on our website (www.ishpemingschools.org) or by contacting one of the offices listed below.

Mother/Guardian Name: _________________________________________________________________________________

Home Address: ___________________________________________ Mailing Address:

Home Phone: ___________________________ Cell Phone: ___________________________

Email Address: ___________________________ Employer Name/Phone:

Father/Guardian Name: _________________________________________________________________________________

Home Address: ___________________________________________ Mailing Address:

Home Phone: ___________________________ Cell Phone: ___________________________

Email Address: ___________________________ Employer Name/Phone:

Are parent(s)/guardian(s) enlisted in the military: □ No □ Yes If yes, please “✓” if: □ Mother □ Father □ Guardian

Doctor Name: _________________________________________________________________________________ Phone: ___________________________

Dentist Name: ___________________________ Phone: ___________________________

Emergency Contact Person (other than Parent/Guardian): _________________________________________________________________________________

Relationship: ___________________________ Phone: ___________________________

Emergency Contact Person (other than Parent/Guardian): _________________________________________________________________________________

Relationship: ___________________________ Phone: ___________________________

Does your Child have any physical problems that the school should be aware of? (Asthma, Allergies, Diabetes, Heart Disease, etc.)

____________________________________________________________________________________________

Medications taken on a daily basis: _________________________________________________________________

Parent Signature: ___________________________ Date: ___________________________

Does your Child have a computer available for school use? □ Yes □ No

Does your Child have internet access available for school use? □ Yes □ No

If you should have any questions or need assistance completing this form, please contact:

Ishpeming Middle/High School  Birchview Elementary School  Office of the Superintendent
319 East Division Street  663 Poplar Street  319 East Division Street
Ishpeming, MI 49849  Ishpeming, MI 49849  Ishpeming, MI 49849
906.485.1066  906.485.6341  906.485.5501

OFFICE USE ONLY: Student Power School Account Updated On: ___________ By: ___________________________

ANOTHER CENTURY OF EXCELLENCE
Course Request Form

Students Name:____________________________ Grade:__________ Birthdate:__________

Semester 1 of Year ________________
1. ______________________________________
2. ______________________________________
3. ______________________________________
4. ______________________________________
5. ______________________________________
6. ______________________________________
7. ______________________________________

Semester 2 of Year ________________
1. ______________________________________
2. ______________________________________
3. ______________________________________
4. ______________________________________
5. ______________________________________
6. ______________________________________
7. ______________________________________

Parent Signature:________________________________________ Date:__________________