

105/105c School of Choice Application

Student Name(s)	Birth date	Entering Grade
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Parent/Guardian: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

The State of Michigan requires us to have PROOF OF RESIDENCE. Please attach a current utility bill, mortgage or tax statement, etc. We cannot accept a copy of your Drivers License.

School District where Student(s) Currently Resides:

<input type="checkbox"/> Bessemer	<input type="checkbox"/> Ontonagon
<input type="checkbox"/> Ewen – Trout Creek	<input type="checkbox"/> Wakefield
<input type="checkbox"/> Ironwood	<input type="checkbox"/> Watersmeet
<input type="checkbox"/> Other: _____	

Did a child in your household attend our school district during the last school year?  Yes  No  
 If yes please complete:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
 Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
 Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Why are you choosing to transfer to (or stay in) this district?  
 \_\_\_\_\_

Is a language other than English the primary language spoken in the home, if so what?

Will this child require Special Education Services?  Yes  No

Has your child ever been expelled?  Yes  No If yes, list the name of the child and the reason.  
 \_\_\_\_\_

Has your child been suspended within the last 24 months?  Yes  No If yes, list the name of the child and the reason.  
 \_\_\_\_\_

I verify that I have read and understand the information provided on the reverse of this form concerning this program. I verify that the information provided above is, to the best of my knowledge, true and accurate.

Parent / Guardian Signature

Date

Return application to:

Approved by: \_\_\_\_\_  
 Date: \_\_\_\_\_ 105 \_\_\_\_\_ 105c \_\_\_\_\_  
 Required 105c SE added cost agreement in place?  Yes  No  
 Building student will attend? \_\_\_\_\_