

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

**School Year 2017 / 2018**

**\*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 2017: \_\_\_\_\_

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): \_\_\_\_\_