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

## School Year <u>2021</u> / 20<u>22</u>

## \*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 Informati	on				
District last attended and date:					
Grade entering fall 2021:					
Special services required by stud	ent:				
Student's Legal Name:	First		Middle		Last
	Tilst		Wildule		Last
Date of Birth:					
Street Address (required):					
Mailing Address and/or P.O. Box	K:				
City:				_ Zip:	
Previous address (if less than 1 year at cu	urrent address):				
Home Phone:		C	ell 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 cu		_			
Home Phone:		C	ell Phone:		
	Cell Phone:Additional Phone:				
By signing below, I hereby ce	rtify that	the sho	ve informa	tion is accu	rate and complete and I
acknowledge and accept the po	•				- /
activities and accept the po	incred and	Sulation	Jub of the D		

Parent(s)/Guardian(s) signature	Date				
Student (if over 16) signature:	Date				
Return to receiving school d	istrict				
- For Office Use Only -					
Date Received:					
Cooperative Agreement Required (105C)?					
Cooperative Agreement on file as of (date):					