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

School Year 2021 / 2022 □ First Semester □ Second Semester

*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:				
0 1				
Special services required by students	□ Second Semester:			
special services required by student.				
Student's Legal Name:				
First	Mid	ldle	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 addre Home Phone:				
Home Phone:	Cell Pr	ione:		
Parents(s)/Guardian(s):				
Fi	rst	Middle	Last	
	rst	Middle	Last	
Street Address (required):				
Mailing Address and/or P.O. Box:		- 170		
City:	State:	Zip:		
Previous address (if less than 1 year at current addre	ss):			
Home Phone:	Cell Phone:			
Work Phone:	Additional Phone:			
By signing below, I hereby certify th acknowledge and accept the policies ar	at the above in id regulations o	nformation is accur f the Schools of Ch	rate and complete, and I oice Program.	
Parent(s)/Guardian(s) signature			Date	
Student (if over 16) signature:			Date	
Return	to receiving sch	ool district		
	- For Office Use			
Date Received:				
Cooperative Agreement Required (105C)	/			
Cooperative Agreement on file as of (dat	e).			