



# 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 Choice application available on our website ([www.ishpemingschools.org](http://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  
319 East Division Street  
Ishpeming, MI 49849  
906.485.1066

Birchview Elementary School  
663 Poplar Street  
Ishpeming, MI 49849  
906.485.6341

Office of the Superintendent  
319 East Division Street  
Ishpeming, MI 49849  
906.485.5501

OFFICE USE ONLY: Student Power School Account Updated On: \_\_\_\_\_ By: \_\_\_\_\_



ISHPEMING PUBLIC SCHOOL DISTRICT NO. 1  
ONLINE STUDENT ENROLLMENT FORM



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