



# ISHPEMING PUBLIC SCHOOL DISTRICT No. 1

## 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: \_\_\_\_\_ School Building:  Birchview  Middle School  High School

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: \_\_\_\_\_

1) Emergency Contact Person (other than Parent/Guardian): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

If you should have any questions or need assistance completing this form, please contact:

Birchview Elementary  
663 Poplar Street  
Ishpeming, MI 49849  
906.485.6341

Ishpeming Middle/High School  
319 East Division Street  
Ishpeming, MI 49849  
906.485.1066

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

09.2018

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