



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) 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

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

OFFICE USE ONLY: Student Power School Account Updated On: _____ By: _____



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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: _____