Birchview Elementary
663 Poplar Street
Ishpeming, MI 49849
906.485.6341

ISHPEMING PUBLIC SCHOOL DISTRICT

319 East Division Street
Ishpeming, MI 49849
906.485.5501

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

To apply to enroll:

1. Complete registration form.
2. Provide school with copies of a) Birth Certificate, b) All Immunization Records, c) Last Grade Report

STUDENT INFORMATION

LEGAL FIRST NAME, NOT NICKNAME	**MIDDLE INITIAL**	**LAST NAME + GENERATION SUFFIX**
RESIDENTIAL ADDRESS	**PREFERRED NAME**	**DATE OF BIRTH (MM-DD-YYYY)**
CITY/STATE/ZIP	**PREVIOUS SCHOOL**	**BIRTH PLACE (CITY/COUNTRY)**
GRADE ENTERING	**SCHOOL DISTRICT OF RESIDENCE**	**GENDER (CHECK ONE)** ☐ **MALE** ☐ **FEMALE**

HOME PHONE ( )	**CELL PHONE** ( )	**COUNTY OF RESIDENCE**	**TWIN, TRIPLET, ETC** ☐ **YES** ☐ **NO**

☐ **CHECK IS NON-RESIDENT OR FOREIGN EXCHANGE STUDENT. IF SO INDICATE VISA TYPE:** ☐**F-1** ☐**OTHER**

RACIAL/ETHNIC INFORMATION FOR MICHIGAN DEPARTMENT OF EDUCATION STATISTICS

PART A: PRIMARY AND/OR SECONDARY - NUMBER 1, 2, 3, FOR THE ONE OR MORE THAT APPLY

____American Indian or Alaska Native (A person having origins in any original peoples of North & South America, including Central America)
____ Asian American (Far East. SE Asia, India) ____Native Hawaiian or other Pacific Islander ____ Black or African American ____ White

PART B: Is this student Hispanic/Latino? ☐ No ☐ Yes

PARENT / GUARDIAN INFORMATION

With whom does the child reside: ☐ Both parents/same household ☐ Father ☐ Mother ☐Guardian☐ Foster Parent

FATHER/GUARDIAN CONTACT NAME / RELATIONSHIP TO STUDENT	**MOTHER/GUARDIAN CONTACT NAME / RELATIONSHIP TO STUDENT**
ADDRESS (IF DIFFERENT FROM STUDENT)	**ADDRESS (IF DIFFERENT FROM STUDENT)**
E-MAIL ADDRESS	**E-MAIL ADDRESS**
OCCUPATION / EMPLOYER	**OCCUPATION / EMPLOYER**
PHONE- WORK MOBILE HOME ( ) ( ) ( )	**PHONE- WORK MOBILE HOME** ( ) ( ) ( )

ARE PARENT(S)/GUARDIAN(S) ENLISTED IN THE MILITARY ☐ **NO** ☐ **YES IF YES, PLEASE CHECK:**
☐ **FATHER** ☐ **MOTHER** ☐ **GUARDIAN**

EMERGENCY CONTACT (If 1st or 2nd Contact cannot be reached)	**FAMILY DOCTOR / MEDICAL**
EMERGENCY CONTACT NAME / RELATIONSHIP TO STUDENT	**FAMILY DOCTOR NAME & PHONE NUMBER**
ADDRESS	**DENTIST NAME & PHONE NUMBER**
CITY/STATE/ZIP CODE	**SPECIAL MEDICAL NEED (DIABETES, ALLERGIES, ETC)**
PHONE - DAY EVENING ( ) ( )	

MEDICATION

IS YOUR CHILD CURRENTLY TAKING ANY MEDICINE? ☐ **YES** ☐ **NO**	**PLEASE INDICATE TYPE AND DOSAGE:**

HAS THIS STUDENT HAD CHICKENPOX? ☐ **YES** ☐ **NO**

SPECIAL SERVICES YOUR CHILD HAS RECEIVED AT PREVIOUS SCHOOL- CHECK ALL THAT APPLY

Special Education Services:
☐ **Speech Therapy**
☐ **Social Work**
☐ **Other: _____**
☐ **Resource Room ____ hrs/week**
☐ **Self-contained classroom**
☐ **Date of last I.E.P.C.**
☐ **L.D.**
☐ **E.I.**
☐ **E.M.I**
☐ **504 Plan**
☐ **English as Second Language**
What is primary language at home?
_____

Does student have sibling(s) currently enrolled at IPSD? ☐ **No** ☐ **Yes** **Does student have sibling(s) also applying to IPSD?** ☐ **No** ☐ **Yes** **If yes to either, list those brothers/sisters in the space on the right.**	**Siblings enrolled/enrolling & next year grade**
I attest that the information provided is complete and accurate to the best of my knowledge. **X_____ _____** **Parent/Guardian Signature Today's Date**	**Office use only** **Date Received: _____** **Date of Enrollment: _____** **UIC #: _____**