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

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, <u>NOT</u> 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		ESIDENCE	GENDER (CHECK ONE)	
HOME PHONE CELL PHONE COUNTY OF RESIDENCE TWIN, TRIPLET, ETC () () () () ()					
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					
PARENT / GUARDIAN INFORMATION With whom does the child reside: Doth 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- WORKMOBILEHOME()()()			PHONE- WORKMOBILEHOME()()()		
ARE PARENT(S)/GUARDIAN(S) ENLISTED IN THE MILITARY NO YES IF YES, PLEASE CHECK:					
EMERGENCY CONTACT (If 1 st or 2 nd 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? 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					
	ication Services:	[English as Second Language	
	e Room hrs/	week	E.I.	What is primary language at home?	
	ained classroom	Ĺ	E.M.I		
Other: Date of I Does student have sibling(s) currently enrolled	ast I.E.P.C. l at IPSD? 🗌 No	Yes	504 Plan	Siblings enrolled/enrolling & next year grade	
Does student have sibling(s) currently enrolled at 11 SD?				sionings chi oncu/chi oning & next year grade	
If yes to either, list those brothers/sisters in the space on the right.					
I attest that the information provided is complete and accurate to the best of my ki			nowledge.	Office use only	
X				Date Received:	
A Parent/Guardian Signature Today's Date				Date of Enrollment:	
5	•				