

ISHPEMING PUBLIC SCHOOL DISTRICT NO. 1  
319 EAST DIVISION STREET  
ISHPEMING, MICHIGAN 49849



**CARRIE A. MEYER**  
SUPERINTENDENT OF SCHOOLS  
PHONE: (906) 485.5501

**WENDY J. RICHARDS**  
BUSINESS MANAGER  
FAX: (906) 485.1422

Dear Parents/Guardians:

The Ishpeming School District will be accepting new non-resident, Schools of Choice, applications as follows:

- ❖ For the first semester we may accept applications for enrollment until the end of the first week of school. The date of enrollment shall be no later than the end of the first week of school.
- ❖ For the second semester we may accept applications for enrollment during the two weeks prior to the end of the first semester. The date for enrollment shall be no later than the end of the first week of the start of the second semester.

Please carefully read the "Schools of Choice Application" as well as consider the following items:

- ❖ The student must reside in Marquette County or Alger County;
- ❖ Participating in athletics may be limited by the MHSAA transfer rule;
- ❖ Students expelled from another school will be admitted only with the written authorization of the Superintendent.

The Ishpeming High School was ranked #131 in the State of Michigan, #6 in the Upper Peninsula, #2 in Marquette County by U.S. News and World Report, "Best High Schools 2017" rankings report.

The Michigan Department of Education identified the Ishpeming Middle School as one of 347 "Reward" schools of the 4,247 schools in Michigan for 2013-2014.

A few other of the unique features of our schools include: phonics reading instruction at the early elementary level; elementary computers; a sixth grade camp program; Spanish and German language instruction at the Ishpeming High School; Advanced Placement English offered at the Ishpeming High School; an Allied Health program at the Ishpeming High School; and a wide range of extracurricular activities. The Standard and Poors rating service rates Ishpeming students as among the highest performing in the state.

Our schools are noted for being safe, friendly, and caring places for children to learn and thrive.

Information about the Ishpeming Schools is available at [www.ishpemingschools.org](http://www.ishpemingschools.org) and printed material is available upon request. We would be happy to provide a tour of any of our buildings. Should you wish any additional information, please feel free to contact me.

Sincerely,

A handwritten signature in blue ink that reads "Carrie Meyer".

Superintendent



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## Schools of Choice Application (SECTION 105)

Please complete the following information and submit to the **Ishpeming Public School District**. If you should need assistance, please do not hesitate to contact the Superintendent's Office at 906.485.5501 Ext. 431.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

\_\_\_\_\_

Last Grade Completed: \_\_\_\_\_

Grade in which the student wishes to enroll: \_\_\_\_\_

Is the student's current education being guided by a 504 or an IEP plan (this also includes speech and language services)? Yes  No

If yes, please provide a copy of the plan.

Has the student ever been suspended or expelled from school? Yes  No

In School Suspensions (ISS)	<input type="checkbox"/>	Out of School Suspensions (OSS)	<input type="checkbox"/>
Long-term suspensions (10 days or more)	<input type="checkbox"/>	Expelled from school	<input type="checkbox"/>

If applicable please provide the dates and reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If more room is needed please attach a separate sheet of paper.

Student Address: \_\_\_\_\_  
\_\_\_\_\_

Custodial Parent Name: \_\_\_\_\_

Custodial Parent Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

School District you reside in currently: \_\_\_\_\_

Other school aged children:

Name

Grade

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By signing below, I acknowledge and accept the policies and regulations of the Ishpeming Public School District No. 1 and the Michigan School of Choice laws.

Parent Signature: \_\_\_\_\_

**PLEASE SIGN THE RECORDS REQUEST AND  
PLACE IT WITH THE APPLICATION.**

**Please return this application and the Records Request to:**

**SUPERINTENDENT'S OFFICE  
319 E. DIVISION STREET  
ISHPEMING, MICHIGAN 49849**



THE ISHPEMING PUBLIC SCHOOL DISTRICT  
IS AN  
EQUAL OPPORTUNITY EDUCATION INSTITUTION

**For Superintendent's Office use only:**

Date application received: \_\_\_\_\_

Accepted:  Not Accepted:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Superintendent of Schools

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**RELEASE OF RECORDS  
(SECTION 105 SCHOOLS OF CHOICE)**

The \_\_\_\_\_ is authorized to release to:  
Name of School

ISHPEMING PUBLIC SCHOOL DISTRICT NO. 1  
319 EAST DIVISION STREET  
ISHPEMING, MI 49849

the school record in its entirety (including, but not limited to, the CA-60 file, attendance reports, disciplinary reports, medical history, special education records)

of \_\_\_\_\_.  
Name of Student

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date Signed