

SCHOOLS OF CHOICE APPLICATION FOR PARTICIPATION

Return completed form to the superintendent's office of the district where the applicant desires to attend.
Notification will be made by the school district to the parent/guardian.
Confirmation of attendance by parent/guardian must be made to guarantee placement.

APPLICANT INFORMATION:

Application Date: _____ Student Name: _____
Student Grade (entering): _____ Student Birthdate: _____
District of Residence: _____ Last School Attended: _____
District Requested to Attend: _____ Building Requested to Attend: _____
Please Check: Male _____ Please Check (optional): Caucasian _____ African American _____
Female _____ Hispanic _____ Native American _____
Asian _____ Middle Eastern _____

PARENT INFORMATION:

Name: _____ Address: _____
Telephone #: _____ City/Zip: _____
Were there other siblings or household members in attendance **in the school district to which you are applying during the previous school year?** Yes _____ No _____
If yes, please list by name: _____

This section must be completed by an official of the last school attended in order to be considered for Schools of Choice.
Has the applicant been expelled or suspended from school within the last two (2) years? Yes _____ No _____
If yes, for what reason(s)? _____
Does the applicant require Special Education services? Yes _____ No _____
If yes, please identify the program required. _____
Signature/Title of Current School Official providing this information: _____

If you are unable to obtain the information above, you must provide a contact name, phone number and email address of a district representative from the prior school attended.
District Contact Name: _____ Phone Number: _____
Email Address: _____

Records, including discipline and attendance, may be requested from your previous school. Do you give permission for the applicant's records/information to be released? Yes _____ No _____

- Transportation will be the responsibility of the applicant/parent/guardian.
- Michigan High School Athletic Association regulations apply to *all* transfers involving high school age students.

Parent Signature: _____
Approved _____ Not Approved _____ Waiting List _____

Authorized School Signature Date

Applicants for admission as non-resident students and their parents/guardians are hereby notified that the Jackson County Schools do not discriminate on the basis of race, color, national origin, sex, religion, or disability in admission or access to programs, activities, or policies. Any person having inquiries concerning the district's compliance with the regulations implementing Title VI, Title IX, or Section 504 of the Rehabilitation Act, is directed to contact the district superintendent who will refer you to the individual designated by the school district to coordinate efforts to comply with the regulations implementing the above status.