



# JACKSON PUBLIC SCHOOLS SCHOOLS OF CHOICE APPLICATION FOR PARTICIPATION

**Return** completed form to the principal's office of the building where the applicant desires to attend.  
Application window for following school year – Monday following spring break through the first day of school.  
Application window for current school year – last two weeks of the first trimester.

### APPLICANT INFORMATION:

Application Date \_\_\_\_\_ Student Name \_\_\_\_\_

Student Grade (entering) \_\_\_\_\_ Student Date of Birth \_\_\_\_\_

District of Residence \_\_\_\_\_ District *and* Building Requested to Attend \_\_\_\_\_

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

Please Check: Male   
Female

Please Check (optional): Caucasian  African American   
Hispanic  Native American   
Asian  Middle Eastern

### PARENT/GUARDIAN INFORMATION:

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone # \_\_\_\_\_ City \_\_\_\_\_

Were there other siblings or household members in attendance during the previous school year **in the district of application**? Yes  No

If **Yes**, please list by name: \_\_\_\_\_

***This box needs to be completed by the district of RESIDENCE.***

1. Has the student been enrolled in your district within the last two (2) school years? Yes  No  (if No, skip 2 & 3 and sign below)

2. Has the applicant been expelled or suspended from school within the last two (2) years? Yes  No   
If yes, for what reasons(s)? \_\_\_\_\_

3. Does the applicant require Special Education services? Yes  No   
If yes, please identify the program required \_\_\_\_\_

Signature/Title of School Official providing this information \_\_\_\_\_

Records, including discipline and attendance, may be requested from your previous school. Do you give permission for the applicant's records 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.
- Application can only be made to one K-12 school district within the Jackson County Intermediate School District.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:** Approved  Not Approved

Authorized Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

It is the policy of the Jackson Public Schools District that no discriminatory practices based on sex, race, color, national origin, religion, height, weight, marital status, handicap, age, political affiliation, sexual orientation or disability or any other status covered by federal, state or local law be allowed in providing instructional opportunities, programs, services, job placement assistance, employment or in policies governing student conduct and attendance. Any person suspecting a discriminatory practice should contact the Human Resources Office at Jackson Public Schools, 522 Wildwood Avenue, Jackson, Michigan 49201 or call (517) 841-2153.