

Jackson Public Schools

Office of the Superintendent

522 Wildwood Ave. | Jackson, Michigan 49201 Phone 517-841-2202 | Fax 517-789-8056 jpsk12.org

2024-2025 Annual Notice Jackson Public Schools Schools of Choice

1st Window

(Monday following spring break through the first day of school)
April 1 – August 21, 2024

2nd Window

(Last two weeks of the first trimester) November 4 – 15, 2024

If you are seeking enrollment to Jackson Public Schools, but reside in another district, a **Schools of Choice** application form needs to be completed and returned to the school office. The Schools of Choice application is good for the duration the student is enrolled with Jackson Public Schools.

Please note that the information in the box located near the center of the application needs to be completed and verified by a school official at your child's current and/or previous school prior to processing your application. If you are submitting an application for a student entering school for the first time (Young Five's/Kindergarten), this information does not need to be verified.

Thank you for your interest in Jackson Public Schools! If you have any questions, please contact:

Michele Oxley
Executive Assistant
Superintendent's Office
517-841-2202
michele.oxley@jpsk12.org



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 <u>following school year</u> – Monday following spring break through the first day of school.

Application window for current school year – last two weeks of the first trimester.

PPLICANT INFORMATION:				
Application Date	Student Date of Birth			
Student Grade (entering)				
District of Residence				
	Last School Attended			
Please Check: Male Female	Please Check (optional)): Caucasian Hispanic Asian	African American Native American Middle Eastern	
PARENT/GUARDIAN INFORMATION:		Holair		
Name	Address			
Telephone #	City			
Were there other siblings or household members in attendance	e during the previous sch	ool year in the distr	rict of application? Yes	No 🗌
If Yes, please list by name:				
1. Has the student been enrolled in your district within the las 2. Has the applicant been expelled or suspended from school of yes, for what reasons(s)? 3. Does the applicant require Special Education services? If yes, please identify the program required Signature/Title of School Official providing this information.	I within the last two (2) yea	Yes No Cars? Yes Yes	No	_
Records, including discipline and attendance, may be request to be released? Yes No Transportation will be the responsibility of the applicant/p Michigan High School Athletic Association regulations ap Application can only be made to one K-12 school district Parent/Guardian Signature	parent/guardian. oply to <i>all</i> transfers involvir within the Jackson County	ng high school age s y Intermediate School	students.	ecords
For Office Use Only:	pproved Not A	Approved		
Authorized Signature/Title				_
Addition200 Olymaturo/ Hillo	Date			

It is the policy of the Jackson Public Schools Board of Education not to discriminate on the basis of Protected Classes in its educational programs and activities and employment. Protected Classes generally include race, color, national origin, sex (including sexual orientation or gender identity), disability, age, religion, height, weight, marital status, military status, ancestry, genetic information and such others are as defined in federal or state law. More detailed information can be found in the Board of Education Policies on the district website, www.jpsk12.org. Inquiries and complaints regarding discrimination in programming and employment may be referred to any of the following: Julie Baker, Assistant Superintendent of Elementary Curriculum/Federal Programs, 517-841-2157; Jeremy Patterson, Assistant Superintendent of Secondary Curriculum, 517-841-2208.