

## SCHOOLS OF CHOICE 2017/18 APPLICATION FOR PARTICIPATION

Due to East Jackson school building principal where the applicant desires to attend by **August 25, 2017**  
Notification to parent/guardian should be made by **August 25, 2017**  
Enrollment confirmation at EJ by parent/guardian should be made no later than **August 25, 2017**

### APPLICANT INFORMATION:

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

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

Please Check: Male \_\_\_\_\_ EJ Building Requested to Attend: EJHS \_\_\_\_\_ EJMS \_\_\_\_\_  
Female \_\_\_\_\_ East Jackson Elementary \_\_\_\_\_

District of Residence: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

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

### PARENT INFORMATION:

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

Telephone #: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Were there other siblings or household members in attendance during the previous school year in East Jackson schools? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list by name: \_\_\_\_\_

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 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 should be made to only one K-12 school district within the Jackson County Intermediate School District.

PARENT SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_  
(Guardian)

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

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

\_\_\_\_\_  
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, natural origin, sex, religion, or disability in admission or access to programs, activities, or policies. Any person having inquires concerning the district's compliance with the regulations implementing Title IV, 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.