

**SCHOOLS OF CHOICE 2018/19
APPLICATION FOR PARTICIPATION**

Check One: 1st Semester (Applications not accepted after the end of the 1st week of school.)
 2nd Semester (Applications accepted the last two weeks of 1st semester.)

APPLICANT INFORMATION:

Application Date: _____ Student Name: _____
Student Grade (entering): _____ Student Birth Date: _____
Please Check: Male _____ EJ Building Requested to Attend: EJSS _____ WAY _____
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.