

**SCHOOLS OF CHOICE 2024-2025  
APPLICATION FOR PARTICIPATION**

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

**APPLICANT INFORMATION: (please print clearly)**

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/GUARDIAN INFORMATION:** **HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Were there other siblings or household members in attendance at East Jackson Schools under School of Choice during the previous school year/semester? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

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

**THIS SECTION MUST BE COMPLETED BY CURRENT OR PREVIOUS SCHOOL OFFICIAL**

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 of School Official providing this information**

\_\_\_\_\_  
**Title**

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 but may be available depending on location outside of district. Please contact our Transportation Department to inquire. 517-769-8806
- Michigan High School Athletic Association regulations apply to *all* transfers involving high school age students.

**PARENT SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**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 inquiries 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.