SCHOOLS OF CHOICE 2016/17 APPLICATION FOR PARTICIPATION

Due to East Jackson school building principal where the applicant desires to attend by **July 25, 2016**Notification to parent/guardian should be made by **August 8, 2016**Enrollment confirmation at EJ by parent/guardian should be made no later than **August 17, 2016**

APPLICANT INFORMATION: Application Date: _____ Student Name: _____ Student Grade (entering): Student Birth Date: EJ Building Requested to Attend: EJHS_ EJMS Please Check: Male _____ 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: _____ _____ City/Zip: ____ Were there other siblings or household members in attendance during the previous school year in East Jackson 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? 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 _____

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.

Date

Authorized Signature/Title