



2024/25 Jackson Public Schools Schools of Choice Directions and Procedures

*In an effort to help provide clarity and consistency to our School of Choice process,
we are asking that you use the following as a guideline.*

Schools of Choice Application (Attachment 1) – This form is used for students who reside within another district’s boundary. There are two windows when we can accept these forms:

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 11 –22, 2024

If a student comes from another district outside of the window parameters above, we must have a **Resident District Release (Attachment 2)** form on file for the student. The Release is good for the remainder of the current school year only and then a Schools of Choice form will be required and is good for the duration the student is enrolled at JPS.

NOTE: If you have a SOC student enrolled and they move during the school year to another school district but would like to continue attending your school, you will need a release letter from the district that they have moved to (i.e. student is from Michigan Center then moves to VCL and they choose to stay at your school, you will need obtain a letter of release from VCL).

JPS In-District Transfer Request (elementary) – used when students want to transfer/enroll at an elementary school outside of their attendance area (**Attachment 3**).

If you have any questions about the above procedures, please contact:

*Michele Oxley
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 following school year – Monday following spring break through the first day of school.
 Application window for current school year – last two weeks of the first trimester.

APPLICANT INFORMATION:

Application Date _____ Student Name _____
 Student Grade (entering) _____ Student Date of Birth _____
 District of Residence _____ District *and* Building Requested to Attend _____
 Last School Attended _____

Please Check: Male
 Female

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

PARENT/GUARDIAN INFORMATION:

Name _____ Address _____
 Telephone # _____ City _____

Were there other siblings or household members in attendance during the previous school year **in the district of application**? Yes No

If Yes, please list by name: _____

This box must be completed by an official of the last school attended in order to be considered for enrollment.

1. Has the applicant been expelled or suspended from school within the last two (2) years? Yes No
 If yes, for what reasons(s)? _____

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

Parent/Guardian Signature _____ Date _____

For Office Use Only: Approved Not Approved

 Authorized Signature/Title 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 as are 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.



Jackson Public Schools

Office of the Superintendent

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

RESIDENT DISTRICT RELEASE

TO:

FROM: Jeff Beal, Superintendent

DATE:

We have received a request to enroll the following pupil(s) in our school district effective _____.

Name: _____ Grade: _____ DOB: _____

Address: _____ Phone: _____

This pupil meets our district's criteria for enrollment, as follows:

- _____ Collaborative Schools of Choice program
- _____ Pupil completing current school year.
- _____ Pupil completing senior year.
- _____ Pupil wants to enroll in our alternative education program.
- _____ Other criteria:

Transportation shall be the sole responsibility of the pupil's family.

The pupil(s) is currently a resident of your school district. In accordance with Section 6(6) of the State School Aid Act, approval from the pupil's district of residence is required in order for our district to claim state aid reimbursement. Please complete the section below and return this release to:

JPS Administration
ATTN: Superintendent's Office
522 Wildwood Ave.
Jackson, MI 49201

Substitute your own building information here so the form is returned to you directly.

Thank you for your cooperation.

TO BE COMPLETED BY DISTRICT OF RESIDENCE

Approved _____

Not approved _____

Authorized Representative's Signature

Date

Title of Authorized Representative



Jackson Public Schools In-District Transfer Request

Student's Name: _____
First Middle Last

Address: _____
Street/Apt. No. City State Zip

Phone: _____ Student's Current Grade: _____

Date of Birth: ____/____/____ Gender: Male Female
Month Day Year

Does your child receive Special Education Services? Yes No If yes, certification? _____

Student's Home School: _____

Requesting Transfer To: _____

Reason for Transfer Request: _____

Parent(s)/Guardian(s) Name: _____

Parent(s)/Guardian(s) Phone Number: _____

*Transportation will not provided for Transfer Requests outside home school zone.
Requests may be reviewed at the District level if a student becomes truant.*

_____ Signature of Home School Principal	_____ Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____ Signature of Transfer School Principal	_____ Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied