



Jackson Public Schools

Office of the Superintendent

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

2025-2026 Annual Notice Jackson Public Schools Schools of Choice

1st Window

(Monday following spring break through the first day of school)
March 31 - August 20, 2025

2nd Window

(Last two weeks of the first trimester)
November 7 - 21, 2025

If you are seeking enrollment to Jackson Public Schools, but reside in another district, a **Schools of Choice** application form needs to be completed and returned to the school office. The Schools of Choice application is good for the duration the student is enrolled with Jackson Public Schools.

Please note that the information in the box located near the center of the application needs to be completed and verified by a school official at your child's current and/or previous school prior to processing your application. If you are submitting an application for a student entering school for the first time (Young Five's/Kindergarten), this information does not need to be verified.

Thank you for your interest in Jackson Public Schools! If you have any questions, please contact:

Michele Oxley
Executive Assistant
Superintendent's Office
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.