



## 2025/26 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:

### **1<sup>st</sup> Window**

(Monday following spring break through Friday of the first week of school)  
March 31 – August 20, 2025

### **2<sup>nd</sup> Window**

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

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).

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

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

*Michele Oxley  
517-841-2202*

[michele.oxley@jpsk12.org](mailto: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 Friday of the first week 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 are as 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](http://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 may not be provided for Transfer Requests outside home school zone.*

_____ 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