

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 Friday of the first week of school)

March 31 - August 22, 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:

Sarah Ebersole
Executive Assistant
Superintendent's Office
517-841-2202
sarah.ebersole@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 <u>following school year</u> – Monday following spring break through Friday of the first week of school.

Application window for <u>current school year</u> – last two weeks of the first trimester.

PPLICANT INFORMATION:							
pplication Date Student Name							
Student Grade (entering)	Student Date of	Student Date of Birth					
District of Residence		District and Building Requested to Attend					
	Last School At	Last School Attended					
Please Check: Male □ Female □	Please Check (Caucasian Hispanic		African American Native American		
PARENT/GUARDIAN INFORMATION:			Asian		Middle Eastern		
Name	Address						
Telephone #	City			A			
Were there other siblings or household members in attendar ☐ If Yes, please list by name:		·			pplication? Yes	No	
This box must be completed by an official	of the last school a	tended in ord	ler to be conside	red for (enrollment.		
1. Has the applicant been expelled or suspended from scho			Yes □	J 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	tion						
Records, including discipline and attendance, may be requesto be released? Yes No Transportation will be the responsibility of the applicant Michigan High School Athletic Association regulations as	nt/parent/guardian.					records	
Parent/Guardian Signature		Date				_	
For Office Use Only:	Approved □	Not Appro	oved 🗆				
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. 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.