

SCHOOL OF CHOICE APPLICATION

Concord Community Schools
405 S. Main St., PO Box 338
Concord, MI 49237
(517)524-8850

| | |
|--------------------------|---|
| Office Use Only | |
| <input type="checkbox"/> | Sem 1 Enrollment |
| <input type="checkbox"/> | Sem 2 Enrollment |
| <input type="checkbox"/> | Already attending but moved out of district |

All applications must be returned to the Superintendent's Office at the address above no later than the second Friday in August.

APPLICANT INFORMATION

Name of Student: _____ Date of Birth: _____ Male Female

Student Grade (entering): Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

School District You Live In: _____

County of Residence: Jackson Calhoun Hillsdale Other (list) _____

Last School Attended: _____ (_____) _____
Name of School Address City State Zip Phone #

Reason(s) why parents desire student to be a participant of School of Choice: _____

PARENT INFORMATION

Name(s): _____ Telephone #: (_____) _____

Street Address/PO Box: _____ City: _____ Zip: _____

Were there other siblings or household members in attendance in the school district to which you are applying during the previous school year? Yes No

If yes, please list by name and grade level: _____

| | | |
|---|------------------------------|-----------------------------|
| Has the student been expelled or suspended from school within the last two (2) years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, for what reason(s)? _____ | | |
| Does the applicant require Special Education services? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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's family.
- Michigan High School Athletic Association regulations apply to *all* transfers involving high school age students.
- Application can be made to only one K-12 school district within the Jackson County Intermediate School District

Parent Signature: _____ Date: _____

Approved Denied

Building Principal's Signature Date

Approved Denied

Superintendent's Signature Date

Applicants for admission as non-resident students and their parents/guardians are hereby notified that Jackson County Schools do not discriminate on the basis of race, color, national origin, sex, religion, or disability, in admission or access to programs, activities, or policies. Any person having inquiries concerning the districts compliance with regulations implementing Title VI, 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.