



**NORTHWEST COMMUNITY SCHOOLS  
SCHOOLS OF CHOICE  
APPLICATION FOR PARTICIPATION**

**Due to the Northwest Central Administration Office no later than Wednesday, August 23, 2017. Notification of Acceptance will be made to parent/legal guardian no later than Thursday, August 24, 2017. Student must be enrolled and in attendance no later than Friday, August 25, 2017.**

**APPLICANT INFORMATION: (please print)**

Application Date _____	Student Name _____
Student Grade (entering) _____	Student Date of Birth _____
District of Residence _____	Building Requested to Attend _____
	Last School Attended _____
Please Check:    Male <input type="checkbox"/> Female <input type="checkbox"/>	How Did You Hear About Us?
	<input type="checkbox"/> Television <input type="checkbox"/> Facebook
	<input type="checkbox"/> Newspaper <input type="checkbox"/> Twitter
	<input type="checkbox"/> Billboard <input type="checkbox"/> Internet
	<input type="checkbox"/> Other _____ <input type="checkbox"/> Referral

**PARENT INFORMATION: (please print)**

Name _____	Address _____
Contact # _____	City/Zip _____

Were there other siblings within the same household as the applicant in attendance at Northwest Community Schools under Schools of Choice during the **previous** school year/trimester?    Yes     No

**If Yes**, please list by name: \_\_\_\_\_

Has the applicant ever been expelled? If yes, for what reason(s) _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the applicant been suspended from school within the last two (2) years? If yes, for what reason(s)? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the applicant require Special Education services? If yes, please identify the program required _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature of School Official providing above information	Title

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, but may be available within the school district boundaries through arrangements with the Transportation Department (517-817-4707).
- Michigan High School Athletic Association regulations apply to **all** transfers involving high school age students.

**Parent Signature** \_\_\_\_\_                      **Date** \_\_\_\_\_

**For Office Use Only:**     **Approved**                       **Not Approved**

\_\_\_\_\_

**Authorized Signature/Title**                      **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 district's compliance with the regulations implementing Title VI, Title IX, or Section 504 of the Rehabilitation Act, is directed to contact Cindy Devereaux, Administrative Assistant (517-817-4726) who will refer you to the individual designated by the school district to coordinate efforts to comply with the regulations implementing the above status. Jackson County Schools do not discriminate on the basis of intellectual, academic, artistic, athletic, or other ability, talent, or accomplishment, or lack thereof, or height, weight, marital status, or in any way that is in violation of any state or federal law prohibiting discrimination.

Date Received \_\_\_\_\_