



APPLICATION FOR ADMISSION OF OUT-OF-DISTRICT STUDENT

(Directions: Use blue or black ink. Please print or type)
(Completing this application does not indicate acceptance)

Name of Student _____

Age _____ Date of Birth _____ Grade Entering _____

Physical Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Application Date _____ Desired Enrollment Date _____

Student Resides With Legal Guardian _____ Yes _____ No

Legal Guardian's Name _____

Relationship to Student _____

If divorced or separated, who has custody? _____

Is custody documentation available? _____

List all schools previously attended beginning with the most recent:

Check any of the following programs in which your child has ever been enrolled.

Gifted Services

Special Education Services: e.g., speech, learning disabilities, behavior disorders, intellectual disabilities

Remedial Program: e.g., Early Intervention Program (EIP), Remedial Educational Program (REP), Title I support

Has your child ever been suspended, or expelled; placed in alternative school or in-school suspension?

If so, give reasons: _____

Has your child ever previously attended any Jackson County Schools?

__Yes __No _____Date _____Grade Level(s)



Are you employed by a Jackson County Government Agency? _____

Position: _____

Reason(s) you wish to enroll your child in Jackson County Schools.

An official sealed copy of your child's record/transcript which contains, but is not limited to, the following items must be submitted before your application will be considered: reports cards (2 previous years and 1st semester of current school year); standardized test scores; discipline reports; and attendance records.

I understand that failure to provide all required information in a complete and forthright fashion can result in my child being denied admission to or being removed from Jackson County Schools. I grant permission to my child's previous school to release any and all academic, disciplinary, attendance, and special education records to Jackson County Schools.

Signature of Parent or Custodian

Date

Signature of Student if 18 years of age or older

Date

Approved _____

Rejected _____

Principal

Date

Superintendent/Designee

Date