

Non-Resident Enrollment Application



Student Name _____
 Address _____
 City/State/Zip _____
 Parent/Guardian _____
 Primary Phone _____
 E-Mail/Secondary Phone _____
 School District You Live In _____

Submit Application to:
 Lorri Gierman
 Jenison Public Schools
 8375 20th Ave., Jenison, MI 49428
 Phone: 616-457-8890 / Fax: 616-457-8898

District & Building Student Currently Attends _____ Current Grade _____

Student's Birthdate _____ Any Special Education needs? _____

Building Requested _____ Grade Requested _____ Desired Date for Enrollment _____

Does student have brothers/sisters enrolled in this district? _____

Reason for Changing School Districts _____

Please indicate if this student has been:

_____ Suspended Date/Reason/District _____

_____ Expelled Date/Reason/District _____

_____ Truant Date/Reason/District _____

Please review information on the back, then read and sign below:

This district does not discriminate on the basis of race, color, disability, religion, gender or national origin. The district reserves the right to limit enrollment based on capacity of buildings or programs as well as failure of applicant to meet any special requirements for entry into its buildings or programs. Enrollment may also be denied to a student who has been suspended or expelled from their previous district or to a Special Education student wishing to enroll under Section 105c Schools of Choice for whom a written cooperative agreement regarding costs cannot be obtained with their district of residence. I understand the above limitations and certify that the information provided on this application is true and complete to the best of my knowledge. I understand the enrollment requirements that pertain to my student as outlined on the back of this application.

Parent/Guardian Signature _____ Date _____

For District Use Only

<p>Student Enrollment Status</p> <p>_____ Enrollment Approved _____ Building _____ Grade (Note: If Sec 105c Sp Ed Student, an agreement has been executed with the resident district.)</p> <p>_____ Enrollment Denied for the Following Reason:</p> <p>_____ Authorized Signature</p> <p>Date Notified _____</p>
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<p>Non-Resident Category & SRSD Code for this Student</p> <p>_____ OAISD Choice Program * (06) _____ Section 105 Schools of Choice (02) _____ Section 105c Schools of Choice (03) _____ Resident District Release * (06) _____ Cooperative Education Program (06) _____ Special Education Ctr Prpgram (06) _____ Alternative Education Program (06) _____ CTE/Vocational Program (06) _____ Non-Public School Student (04) _____ Home Schooled Student (07) _____ Non K-12 District (01) _____ Inter-District Split Student (06) _____ Homeless Student (06) _____ Child of District Employee (06) _____ Other (06)</p>
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<p>* Resident District Release (Required Annually)</p> <p>_____ Resident District Release _____ OAISD Choice Program</p> <p>This student is released for enrollment into another school district.</p> <p>_____ Releasing School District</p> <p>_____ Authorized Signature</p> <p>_____ Date</p>
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