

**Vicksburg Community Schools  
Schools of Choice  
Program Application – 2024/2025**

Please complete the information below (a separate application is required for each student):

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

School District in Which You Live: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Are you currently attending a  Public or  Private School? Name of School: \_\_\_\_\_

Has the student been suspended from any school within the last 2 school years?  Yes  No

Has the student ever been expelled from any school?  Yes  No

Are Special Education Services required?  Yes  No *If Yes, Please attach a copy of the current Individual Education Plan (I.E.P.)*

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Siblings currently attending Choice School District:

Name	School Attending	Current Grade
_____	_____	_____
_____	_____	_____

Siblings not yet attending school:

Name	Age
_____	_____
_____	_____

By signing below, I agree to abide by the School of Choice District's requirements; and I agree to provide a birth certificate and immunization records to the School of Choice at the time of registration. Any misleading or incorrect information provided on this form will void this application.

Parent(s)/Guardian(s) Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

Student (if over 16) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REASON FOR REQUEST**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Choice School Use Only**

- Applicant Accepted for Enrollment – Contacted family  
 Applicant Not Accepted for Enrollment – contacted family  
 Section 105  Section 105c

Choice School's Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Student Information Coordinator  
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