

**Vicksburg Community Schools  
Schools of Choice  
Program Application – 2025/2026**

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
_____	_____
_____	_____

If the number does not exceed the number of positions available, the district must accept all eligible applicants. If the number of applicants exceeds the number of positions available, the district must accept eligible applicants in the following order:

- Students who reside in the same household as students enrolled under section 105 or 105c in the immediately preceding school year or semester, or trimester.
- Other students selected according to a random draw system, which must also be used to establish a waiting list.
- Final placement of the student will depend on available space and the number of applicants received. You may not get the school that you choose on your application.

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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