

**Vicksburg Community Schools
Schools of Choice
Program Application – 2026/2027**

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
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Siblings not yet attending school:

Name	Age
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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: _____

Email: jthole@vicksburgschools.org
Student Information Coordinator
Vicksburg Community Schools
301 S. Kalamazoo Ave.
Vicksburg, MI 49097