

**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

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: _____

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