

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:
Trisha Bassler
Jenison Public Schools
8375 20th Ave.
Jenison, MI 49428



Phone: 616-457-8890 Fax:
616-457-8898
Registrar@JPSONline.org

District & Building Student Currently Attends _____ Current Grade _____
 Student's Birthdate _____ Grade Requested _____ Desired Date for Enrollment _____
 Building Requested _____ Special Education Needs? _____
 Does student have brothers/sisters enrolled in this district? If yes, list name, school, grade _____

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 convicted of a felony and to a Special Education student wishing to enroll under Section 105c for whom a written cooperative agreement regarding costs cannot be obtained with their district of residence. I understand these limitations and certify that the information provided on this application is true and complete to the best of my knowledge.

Parent/Guardian Signature _____ Date _____

For District Use Only

Student Enrollment Status
_____ Enrollment Approved _____ Building _____ Grade (Note: If Sec 105c Sp Ed Student, an agreement has been executed with the resident district.)
_____ Enrollment Denied for the Following Reason: _____ _____
Authorized Signature _____
Date Received _____
Date Notified _____

Non-Resident Category under which Student is Enrolled & MSDS Code
<i>Bolded categories must have signed release</i>
_____ OAISD Choice Program * (06) _____ Section 105 Schools of Choice (02) _____ Section 105c Schools of Choice (03) _____ Resident District Release * (06) _____ Special Education Ctr Program (06) _____ Alt Ed Prgm (Cooperative) (06) _____ Alt Ed Prgm (Non-Cooperative) (06) _____ CTE/Vocational Program (06) _____ Non-Public School Student (04) _____ Home Schooled Student (07) _____ Non K-12 District (01) _____ Inter-District Split Student (06) _____ Child of District Employee (06) _____ Other Section 6 Categories (06)

* Resident District Release
_____ Resident District Release _____ OAISD Choice Program
This student is released for enrollment into another school district. _____ Releasing School District
_____ Authorized Signature
_____ Date