

**FOR OFFICE USE ONLY:**

Grade: \_\_\_\_\_

Approved: \_\_\_\_\_

Enrollment Denied: \_\_\_\_\_

**ST. JOSEPH PUBLIC SCHOOLS**  
**NON RESIDENT Schools of Choice Application**  
2020-2021 School Year

**Applications must be received no later than June 30, 2020 via email, mail, fax, or drop box (Central Admin Office building 3275 Lincoln Avenue). St. Joseph Public Schools**

STUDENT'S NAME \_\_\_\_\_  
(Last) (First) (Middle)

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

MALE  FEMALE STUDENT'S DATE OF BIRTH \_\_\_\_\_

PARTICIPATES IN:  BAND  ORCHESTRA

PARENT/GUARDIAN \_\_\_\_\_  
(Last) (First) (Middle)

School district and building student currently attends:

District \_\_\_\_\_ Building \_\_\_\_\_

School district where you currently reside \_\_\_\_\_

Current grade level \_\_\_\_\_ Grade level as of September 2020 \_\_\_\_\_

Has your child been suspended or expelled from another school (in-school or out-of-school suspension) in the last two years? Yes \_\_\_ No \_\_\_ If yes, when and which school district? \_\_\_\_\_

Please explain:

\_\_\_\_\_

*The Board of Education does not discriminate on the basis of race, color, national origin, sex, including sexual orientation or transgender identity, disability, age, religion, height, weight, marital or family status, military status, ancestry, genetic information, or any other legally protected category, (collectively, "Protected Classes"), in its programs and activities, including employment opportunities.*

Do you have other siblings enrolled in the St. Joseph School District now? Yes \_\_\_ (School \_\_\_\_\_) No \_\_\_

Other siblings applying? Yes \_\_\_ No \_\_\_ If yes, please list:

_____ Name	_____ Current Grade	_____ Grade as of September, 2020
_____ Name	_____ Current Grade	_____ Grade as of September, 2020
_____ Name	_____ Current Grade	_____ Grade as of September, 2020

NOTE: Acceptance for enrollment shall not be granted or refused based upon religion, race, color, national origin, sex, weight, marital status or athletic ability.

**Please read and sign:** I am applying to have my son/daughter attend St. Joseph Public Schools under the Schools of Choice Program. In order to process the student's application, I give my permission for St. Joseph Public Schools to receive student record information from my student's current or previous school(s) regarding academic and disciplinary records. This permission is pursuant to the Family Educational Rights and Privacy Act (FERPA). Further, I certify all of the information provided above to be true and accurate, and acknowledge and accept the policies and stipulations of the St. Joseph Public Schools' Schools of Choice Program. If my child is accepted as a Schools of Choice student, I am committing to having my child in school daily and on time and that transportation is my responsibility. I am also committing to my child's success in education. Additionally, I understand that my child's acceptance into the program is conditional until St. Joseph receives and reviews all of his/her school records.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

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

**Applications must be received no later than June 30, 2020 via email, mail, fax, or drop box (Central Admin Office building 3275 Lincoln Avenue).**