

Student Tuition Application

Student Name	_____	Current School	_____
Date of Birth	_____	Current Grade	_____
Mother's Name	_____	School Address	_____
Father's Name	_____	School Contact	_____
Home Address	_____	School Phone	() Ext. _____
Phone	_____	City	State Zip

When do you plan to transfer schools? _____

Is your child involved in extracurricular activities and/or sports? ☐ Yes ☐ No
(If yes, which ones?) _____

Does your child have a current IEP? ☐ Yes ☐ No If Yes, please attach a copy.
Is your child involved in any special programs or have special needs? (Such as accelerated, honors, gifted, tutoring, proficiency, intervention, etc.)

Please List: _____

Is your child under any current expulsion or suspension from school? If yes, please explain. _____

Has this student attended Jackson Local Schools in the past? ☐ Yes ☐ No If yes, when? _____

Does this student have siblings who have attended Jackson Local Schools? ☐ Yes ☐ No

If yes, list the name(s) and grade(s) _____

Why are you considering Jackson High School? _____

Do you have any plans to move into the Jackson Local School District? ☐ Yes ☐ No If yes, when do you plan to move? _____

Additional comments or information to be considered? _____

I understand that my child's present school may be contacted for additional information and give my consent.

Parent Signature

Date

PLEASE DO NOT COMPLETE BELOW – FOR OFFICE USE ONLY

Contact with Parent _____
Name of Person Who Made Contact _____ Date _____

Contact with Current School _____
Name of Person Who Made Contact _____ Date _____

Recommendation (to be checked by principal only) ☐ Accept ☐ Decline

☐ Student has an IEP

Routing Process:

1. Counselor	2. Principal	3. Superintendent	4. Principal	5. Treasurer
_____	_____	_____	_____	_____
Initials	Initials	Initials	Initials	Initials
_____	_____	_____	_____	_____
Date	Date	Date	Date	Date