

### SCHOOLS of CHOICE REQUEST 2023–2024 School Year

Full Year Enrollment: January 16 - September 8, 2023 at 3 pm Second Semester Enrollment: December 9 - 22, 2023 (K-8 only)

	Sceona Schlester Em		5 m y )				
Residency Status:	□ Fraser Resident Moving Out	Sibling in Building Requested	Within District				
Student First/Middle/Last Name: Student Grade for 2023-2024 School Year:		Birth Date:					
		Please 🗸 if you r child has an:	IEP504				
Parent/Guardian Fi	rst/Last Name:						
Phone:	e: Alternate Phone:						
Email Address:							
Address:		_ City:	Zip:				
District in which you live:		Last School Attended					
School Requested	(Face-to-Face): 1st Choice	2nd Choice					
<u>OR</u> Virtual		lly virtual option for all K-12 students in the 202 chool preference above in addition to checl					
	DL YEARS. THIS MUST BE OBTAINED	MUST PROVIDE STUDENT DISCIPLINE FROM THE SCHOOL(S) THE STUDENT / T TIME.					
Has your child bee Has your child eve	n suspended (in or out of school) i r been expelled?	-	□ Yes   □ No □ Yes   □ No				
be made in accordance NON-RESIDENT STU non-resident applicante	<b>S</b> : Students shall attend the elementary se with the provisions of the Choice Plan. <b>DENTS:</b> Section 105, (2), (b) The District s residing within the Macomb Intermediat nt is or has been within the preceding two	school in the attendance area in which they shall accept applications for enrollment by e School District. The District shall refuse t o years, suspended from another school or	o enroll a non-resident				
understand that if at an child will be ineligible to	ny time it has been discovered that the inf	gan and Fraser Public Schools regarding So ormation provided on this form is inaccurate e excluded from attendance immediately.	e and/or falsified, my				
Parent/Guardian Sigr	nature:	Date:					

Please Return this Completed Form to:

Fraser Public Schools Administration Building				
Attn: Enrollment				
33466 Garfield, Fraser, MI 48026				
Or FAX to: (586) 439-7001				

Please email us with any questions you have, or to confirm receipt of this form at enroll@fraserk12.org.

- (ADMINISTRATIVE USE ONLY)

Granted 
Denied

Signature:

School Assignment: \_

Conditions: All students attending school outside of their attendance areas do so under the following conditions: A non-resident applicant residing within the Macomb Intermediate School District shall not be granted or refused enrollment based on intellectual, academic, artistic, or other ability, talent or accomplishment, or lack thereof, or based on a mental or physical disability, unless a similar resident student would also be excluded. A non-resident applicant residing within the Macomb Intermediate School District shall not be granted or refused enrollment based upon religion, race, color, national origin, sex, height, weight, marital status or athletic ability, or generally, in violation of any state or federal law prohibiting discrimination. Class size may not exceed district guidelines in order to accommodate choice students. The parent must guarantee positive student attendance and behavior in accordance with district policy. Students causing concern in any of the above areas may be transferred back to their assigned schools based on behaviors outlined in the Student Code of Conduct.

Date: \_



1 <sup>st</sup> request	Faxed/Mailed
2 <sup>nd</sup> request	Faxed/Mailed
3 <sup>rd</sup> request	Faxed/Mailed

### AUTHORIZATION FOR REQUEST/RELEASE OF STUDENT RECORDS

This authorizes a one-time only release to the above organizations and/or individuals

#### To Release:

- <u>All</u> records-- UIC number (Michigan Schools only) (including 504 Plan, discipline, psychological and special education testing information – IEP & MET)
- Transcript of student's record, including key to grading system, Grades at time of release, Standardized Test Data, Health Records

Student Name:								
First			Middle		Last			
Date of Birth:			Grade	ə:				
Has student ever been susp	ended? \	/es	No	Has student e	ever been exp	colled?	Yes	No
Explain:								
l authorize (Former School I	District):							_
Name of School Student Atter	nded							_
Address		Cit	ty/State			Zip		_
Phone Number				Fax Number				_
PLEASE SEND CA-60 STUDENT RE         Fraser High School, 34270 Garfie         Richards Middle School, 33500 G         Disney Elementary, 36155 Kelly F         Edison Elementary, 17470 Sewel         Eisenhower Elementary, 31275 E         Emerson Elementary, 32151 Dan         Salk Elementary, 17601 15 Mile R         Twain Elementary, 30601 Callaha         Dooley Center, 16170 Canberra, R	Id, Fraser, M Barfield, Fras Rd., Clinton T I, Fraser, MI Eveningside, I na, Fraser, M Rd., Clinton T n, Roseville,	er, MI <sup>7</sup> wp, MI 48026 Fraser, /I 4802 wp., MI MI 480	26 (586)4 48026 ( 48035 (586)43 MI 480 6 (586)4 48035 066 (586	586)439.7400; F (586)439.6400; 9.6500; FAX (58 26 (586)439.660 439.6700; FAX (5 (586)439.6800; F 6)439.6900; FAX	586)439.7201 FAX (586)439. FAX (586)439 6)439.6501 0; FAX (586)4 586)439.6701 FAX(586)439.6 (586)439.690	7401 9.6401 9.39.6601		
Signed			_					
Parent/Legal Guard	lian			Date				
Sending School only:								
Name of Sending (former) school:_							-	
❑ According to our records, we ca	n verify tha	t the ir	nformat	ion provided a	bove by the p	parent is	correc	t.
☐ According to our records, the in	formation p	orovide	ed abov	e by the parent	is incorrect.			



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# **Schools of Choice**

## **Discipline/Behavior Request Form**

Student Name:						
Date of Birth:						
Former School(s) & Address(es) for the past two years. There cannot be any suspensions or expulsions in the past two years.						
School Name:						
School Address:						
Phone number:						
School Name:						
School Address:						
Phone number:						
School Name:						
School Address:						
Phone number:						
I authorize the release of my child's discipline records	to Fraser Public Schools	s.				
Parent/Guardian Signature:	Date:					
The information below is to be completed by school officials only:						
<b>To the Principal/Guidance Counselor/Registrar:</b> The student above is applying for admission to Fraser Public Schools through our Schools of Choice Program. Please provide discipline records including (NOTE: <u>NOT a request for the CA60</u> ): 1. This completed form 2. Printed disciplinary record/behavioral log entries (even if empty) Return to Enroll@FraserK12.org or fax 586-439-7001. This is time sensitive and requires immediate attention: enrollment is pending these documents.						
<ul> <li>The above student has no issues relative to discipline.</li> <li>The above student has had issues relative to discipline. A copy of the discipline report is attached to this form.</li> </ul>						
Signature of School Official:						
Printed Name:     Date:       Phone Number:     Email:						