

## SCHOOLS of CHOICE REQUEST 2022–2023 School Year

□ Full Year □ Second Semester

| Residency Status:  | Fraser Resident Moving Out   | Sibling in Building Requested   | Within District                   |  |
|--|--|---|-----------------------------------|--|
| Student First/Middle/Last Name:                                      |  | Birth Date:   |                                   |  |
| Student Grade for 2022-2023 School Year:                             |  |   |                                   |  |
| Parent/Guardian Fi   | rst/Last Name:   |   |                                   |  |
| Phone: 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  | We partner with a third-party to offer fully virtual option for all K-12 students in the 2022-2023 school year.<br>Please indicate a face-to-face school preference above in addition to checking this box.                      |   |                                   |  |
|  | G APPLICATION, PARENT/GUARDIAN<br>DL YEARS. THIS MUST BE OBTAINED<br>THAT  |   |                                   |  |
| Has your child beer<br>Has your child ever                           | n suspended (in or out of school) in<br>r been expelled?   | n the last 2 school years?  | □ Yes □ No<br>□ Yes □ No          |  |
| be made in accordance<br>NON-RESIDENT STU<br>non-resident applicants | <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 | shall accept applications for enrollment e School District. The District shall refus  | by<br>se to enroll a non-resident |  |
| understand that if at an child will be ineligible to                 | cept the policies and regulations of Michig<br>ny time it has been discovered that the inf<br>o attend Fraser Public Schools and will b<br>r my child's transportation.  | formation provided on this form is inaccui  | rate and/or falsified, my         |  |
| Parent/Guardian Sign   | nature:  | Date:   |                                   |  |
| Please Return this Comple  | Fraser Public School<br>Attn: F<br>33466 Garfield<br>Or FAX to:<br>Please call us with any questions you have, c   | s Administration Building<br>Enrollment<br>d, Fraser, MI 48026<br>(586) 439-7001<br>or to confirm receipt of this form at (586) 439-7014<br><i>ATIVE USE ONLY</i> ) |                                   |  |
|  | 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: \_\_\_



## **DISCIPLINE REPORT REQUEST**

| Student:   | DOB: | Grade: |  |  |  |
|--|------|--------|--|--|--|
| Address (street/city/state/zip):   |      |        |  |  |  |
| Former School District:  |      |        |  |  |  |
| Former School:   |      |        |  |  |  |
| I authorize the release of my child's discipline records to Fraser Public Schools. |      |        |  |  |  |
| Parent/Guardian signature:   |      | Date:  |  |  |  |
|  |      |        |  |  |  |

## To the Principal/Guidance Counselor/Registrar:

The student listed above is applying for admission to Fraser Public Schools. A copy of any discipline report on file for this student is requested.

□ The above-named student has no issues relative to discipline.

□ The above-named student has had issues relative to discipline. A copy of the discipline report is attached to this form.

Signature of School Official

Date

Reports should be sent to:

Fraser Public Schools Administration Building 33466 Garfield Road Fraser, MI 48026 Phone: 586-439-7000 Fax: 586-439-7001