



SCHOOLS of CHOICE REQUEST 2020–2021 School Year

Full Year Second Semester

Residency Status:

Non-Resident Fraser Resident Moving Out Sibling in Building Requested Within District

Student First/Middle/Last Name: _____ **Birth Date:** _____

Student Grade for 2020-2021 School Year: _____ **Please ✓ if your child has an:** ___ IEP ___ 504

Parent/Guardian First/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** _____

OR Virtual Fraser

WHEN SUBMITTING APPLICATION, PARENT/GUARDIAN MUST PROVIDE STUDENT DISCIPLINE REPORTS FOR THE PAST TWO SCHOOL YEARS. THIS MUST BE OBTAINED FROM THE SCHOOL(S) THE STUDENT ATTENDED DURING THESE TIMES.

Has your child been suspended (in or out of school) in the last 2 school years? Yes No

Has your child ever been expelled? Yes No

SCHOOLS OF CHOICE POLICY:

RESIDENT STUDENTS: Students shall attend the elementary school in the attendance area in which they reside. Exceptions will be made in accordance with the provisions of the Choice Plan.

NON-RESIDENT STUDENTS: Section 105, (2), (b) The District shall accept applications for enrollment by non-resident applicants residing within the Macomb Intermediate School District. The District shall refuse to enroll a non-resident applicant if the applicant is or has been within the preceding two years, suspended from another school or if the applicant has ever been expelled from another school.

By signing below, I accept the policies and regulations of Michigan and Fraser Public Schools regarding Schools of Choice. I understand that if at anytime it has been discovered that the information provided on this form is inaccurate and/or falsified, my child will be ineligible to attend Fraser Public Schools and will be excluded from attendance immediately. I live in Macomb County and am responsible for my child's transportation.

Parent/Guardian Signature: _____ **Date:** _____

Please Return this Completed Form to:

Fraser Public Schools Administration Building
Attn: Donna Anderson Ed.D., Assistant Superintendent of Curriculum and Instruction
33466 Garfield, Fraser, MI 48026
Or FAX to: 1-586-439-7001

Please call us with any questions you have, or to confirm receipt of this form:
1-586-439-7014

(ADMINISTRATIVE USE ONLY)

Granted **Denied**

Signature: _____ **Date:** _____ **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.

