

Signature: _

SCHOOLS of CHOICE REQUEST 2021–2022 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 2021-2022 School Year: _____ Please ✓ if your child has an: ____IEP 504 Parent/Guardian First/Last Name: _____ Phone: _____ Alternate Phone: ____ Email Address: City: Zip: Address: District in which you live: _____ Last School Attended _____ School Requested (Face-to-Face): 1st Choice ______ 2nd Choice _____ We anticipate offering a fully virtual option for all K-12 students in the 2021-2022 school year. This is subject to **OR** Virtual Fraser change. Please indicate a face-to-face school preference above in addition to checking this box. WHEN SUBMITTING APPLICATION, PARENT/GUARDIAN MUST PROVIDE STUDENT DISCIPLINE REPORTS FOR THE PAST <u>TWO</u> SCHOOL YEARS. THIS MUST BE OBTAINED FROM THE SCHOOL(S) THE STUDENT ATTENDED DURING THESE TIMES. □ No Has your child been suspended (in or out of school) in the last 2 school years? ☐ Yes 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. _____ Date: Parent/Guardian Signature: Please Return this Completed Form to: Fraser Public Schools Administration Building Attn: Directors of Elementary and Secondary 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** □

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: ___

_____ School Assignment: ____



1 st request	Faxed/Mailed
2 nd request	Faxed/Mailed
3 rd 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
ate of Birth:	Grade:	
as student ever been suspended? Yesl	□ No□ Has student ev	er been expelled? Yes□ No□
(plain:		
I authorize (Former School District):_		
Name of School Student Attended		
Address	City/State	Zip
Phone Number	Fax Nu	mber
PLEASE SEND CA-60 STUDENT RECORDS TO: Fraser High School, 34270 Garfield, Frase Richards Middle School, 33500 Garfield, Disney Elementary, 36155 Kelly Rd., Clint Edison Elementary, 17470 Sewell, Fraser, Eisenhower Elementary, 31275 Evenings Emerson Elementary, 32151 Danna, Fraser, Salk Elementary, 17601 15 Mile Rd., Clint Twain Elementary, 30601 Callahan, Rosev Dooley Center, 16170 Canberra, Roseville	rr, MI 48026 (586)439.7200; FAX (5 Fraser, MI 48026 (586)439.7400; con Twp, MI 48035 (586)439.6400 , MI 48026 (586)439.6500; FAX (58 ide, Fraser, MI 48026 (586)439.66 er, MI 48026 (586)439.6700; FAX (58 con Twp., MI 48035 (586)439.6800 ville, MI 48066 (586)439.6900; FAX	586)439.7201 FAX (586)439.7401 0; FAX (586)439.6401 86)439.6501 00; FAX (586)439.6601 586)439.6701 ; FAX(586)439.6801 X (586)439.6901
igned		
Parent/Legal Guardian		Date
ending School only:		
lame of Sending (former) school:		
According to our records, we can verify the According to our records, the information	-	
Date Signature	of sending School District Administra	tor & Title Telephone