Public Schools
FRASER
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SCHOOLS of CHOICE REQUEST
2012-2013 School Year

☐ **Full Year** ☐ **Second Semester**

Please Check the Appropriate Boxes

☐ IN-DISTRICT ☐ NON-RESIDENT ☐ Sibling in Building Requested ☐ Fraser Resident Moving Out Developmental Kindergarten: ☐ Full Day Kindergarten: ☐ Full Day ☐ Elementary 1-6 ☐ Middle School 7-8 ☐ High School 9-11	**HOW DID YOU HEAR ABOUT US?** ☐ Television ☐ Facebook ☐ Newspaper ☐ Twitter ☐ Billboard ☐ Friend/Family Referral ☐ Internet ☐ Other:_____

(PLEASE PRINT)

Student: _____ **Birth date:** _____
FIRST LAST

Parent/Guardian: _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Email Address: _____

Address: _____ **City:** _____ **Zip:** _____

Home School District: _____ **Home School:** _____

School Requested: 1st Choice _____ **2nd Choice** _____ **Grade Requested** _____

Has your child been suspended in the last 2 years? ☐ **Yes** ☐ **No**
Has your child ever been expelled? ☐ **Yes** ☐ **No**
Does your child have a current IEP that qualifies for Special Education Services? ☐ **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.

PROCESS:

1. Notification is made to the general public that applications are being accepted for student enrollment.
2. Applications are available at all District buildings and on the website at www.GoToFraser.com. **Completed applications will be accepted in person, or by mail at 33466 Garfield, Fraser, MI 48026. To fax, send to 586-439-7001.**
3. School of Choice forms will be processed as they are received, on a first come basis.
4. Requests will be reviewed by the Personnel Administrator and Principals to determine class size and availability.
5. Applicants for Grades 1 thru 11 will be notified of the ***TENTATIVE*** school assignment after the application has been processed.
6. Applicants for Kindergarten will be notified after building registrations are completed.
7. Elementary school placements exceeding class size guidelines may be assigned to another building.
8. Non-residents accepted for Schools of Choice can remain in the Fraser District through graduation.
9. **Parents are responsible for transportation to and from the Choice School.**

CONDITIONS:

All Students attending school outside of their attendance areas do so under the following conditions:

1. 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.
2. 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.
3. 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.
4. Class size may not exceed district guidelines in order to accommodate choice students.
5. The parent must guarantee positive student attendance and behavior in accordance with district policy.
6. 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.

Fraser Residents Moving Out of District ("MOVE OUTS"):

Any student who was enrolled the previous year, and has moved out of the district but wishes to remain in Fraser Public Schools, must submit a "School of Choice" form. This information will be reviewed to ensure the student meets the guidelines established by the Board of Education.

This is to acknowledge that we have read, understand and agree to the above terms. Any false or misleading information may result in denial/rejection from the Schools of Choice program.

Parent/Guardian Signature: _____ Date: _____

Please Return this Completed Form to:

Fraser Public Schools Administration Building
Attn: Carrie Wozniak, 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:
1-586-439-7066 or 1-877-94-FRASER

(ADMINISTRATIVE USE ONLY)

Granted ☐ ***Denied*** ☐

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

School Assignment: _____

Updated: July 2011