

Student Code of Conduct.

SCHOOLS of CHOICE REQUEST 2023–2024 School Year

Full Year Enrollment: January 16 - September 8, 2023 at 3 pm Second Semester Enrollment: TBA

Residency Status:	□ Fraser Resident Moving Out	Sibling in Building Requested	Within District				
Student First/Middle/Last Name:		Birth Date:					
Student Grade for 2023-2024 School Year:		Please ✔ if you r child has an:	IEP504				
Parent/Guardian Fir	st/Last Name:						
Phone:	Alterna	te 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		ly virtual option for all K-12 students in the 202 chool preference above in addition to check					
	L YEARS. THIS MUST BE OBTAINED	MUST PROVIDE STUDENT DISCIPLINE FROM THE SCHOOL(S) THE STUDENT # T TIME.					
Has your child beer Has your child ever	n suspended (in or out of school) ir been expelled?	•	□ Yes □ No □ 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 eve 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 any time 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:					
Please email us with	Fraser Public Schools A Attn: Enr 33466 Garfield, F Or FAX to: (5 any questions you have, or to c	rollment Fraser, MI 48026 86) 439-7001	enroll@fraserk12.org.		
	- <u>(ADMINISTRAT</u>	IVE USE ONLY)			
	Granted 🗆	Denied 🗆			
Signature:	Date:	Schoo	I Assignment:		
Conditions: All students attending school outside of their at School District shall not be granted or refused enrollment be physical disability, unless a similar resident student would a refused enrollment based upon religion, race, color, nationa discrimination. Class size may not exceed district guideline	ased on intellectual, academic, arti Ilso be excluded. A non-resident a al origin, sex, height, weight, marita	stic, or other ability, talent or accor pplicant residing within the Macorr I status or athletic ability, or gener	mplishment, or lack thereof, or based on a me nb Intermediate School District shall not be gra ally, in violation of any state or federal law pro	ental or anted or phibiting	

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



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			
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 ⁷ 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:						
ate of Birth: Grade:						
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:						
	Imber: Email:					
School Name:						
School Address:						
Phone number: Email:						
I authorize the release of my child's discipline records to Fraser Public Schools.						
Parent/Guardian Signature: Date:						
The information below is to be completed by sc	hool officials only:					
To the Principal/Guidance Counselor/Registrar: 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 <u>Enroll@FraserK12.org</u> or <u>fax 586-439-7001</u> . <u>This is time sensitive and</u> <u>requires immediate attention: enrollment is pending these documents</u> .						
 The above student has no issues relative to discipline. The above student has had issues relative to discipline. A copy of the discipline report is attached to this form. 						
Signature of School Official:						
Printed Name: Date: Phone Number: Email:						