



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:

Non-Resident 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:** _____ 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

We partner with a third-party to offer fully virtual option for all K-12 students in the 2023-2024 school year. 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 TWO SCHOOL YEARS. THIS MUST BE OBTAINED FROM THE SCHOOL(S) THE STUDENT ATTENDED DURING THAT TIME.

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 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:

Fraser Public Schools Administration Building
Attn: Enrollment
33466 Garfield, Fraser, MI 48026
Or FAX to: (586) 439-7001

Please email us with any questions you have, or to confirm receipt of this form at enroll@fraserk12.org.

- (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.

Schools of Choice

Discipline/Behavior Request Form

Student Name: _____

Date 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: _____ Email: _____

School Name: _____

School Address: _____

Phone number: _____ 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 school 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: NOT a request for the CA60):

1. This completed form
2. Printed disciplinary record/behavioral log entries (even if empty)

Return to Enroll@FraserK12.org or fax 586-439-7001. This is time sensitive and requires immediate attention: enrollment is pending these documents.

- 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: _____ School District: _____

Printed Name: _____ Date: _____

Phone Number: _____ Email: _____