



# SCHOOLS of CHOICE REQUEST 2019–2020 School Year

Full Year       Second Semester

**Residency Status:**

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

<b>How did you hear about us?</b>		
<input type="checkbox"/> TV	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Friend/Family
<input type="checkbox"/> Billboard	<input type="checkbox"/> Internet/Social Media	<input type="checkbox"/> Other _____

**Student First/Middle/Last Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Student Grade for 2019-2020 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: 1st Choice** \_\_\_\_\_ **2nd Choice** \_\_\_\_\_

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.



1<sup>st</sup> request \_\_\_\_\_ Faxed/Mailed  
2<sup>nd</sup> request \_\_\_\_\_ Faxed/Mailed  
3<sup>rd</sup> 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:**

- All 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: \_\_\_\_\_

Has student ever been suspended? Yes  No  Has student ever been expelled? Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_

I authorize (Former School District): \_\_\_\_\_

Name of School Student Attended \_\_\_\_\_

Address City/State Zip

Phone Number Fax Number

PLEASE SEND **SPECIAL EDUCATION RECORDS** including 504 Plan, psychological & testing information – IEP & MET) TO:

**FRASER PUBLIC SCHOOLS – SPECIAL EDUCATION DEPT.**  
**33466 GARFIELD ROAD, FRASER, MI 48026**  
**PHONE: (586) 439-7044 FAX: (586) 439-7001**

PLEASE SEND **CA-60 STUDENT RECORDS** TO: (please check appropriate school)

- Fraser High School**, 34270 Garfield, Fraser, MI 48026 (586)439.7200; FAX (586)439.7201
- Richards Middle School**, 33500 Garfield, Fraser, MI 48026 (586)439.7400; FAX (586)439.7401
- Disney Elementary**, 36155 Kelly Rd., Clinton Twp, MI 48035 (586)439.6400; FAX (586)439.6401
- Edison Elementary**, 17470 Sewell, Fraser, MI 48026 (586)439.6500; FAX (586)439.6501
- Eisenhower Elementary**, 31275 Eveningside, Fraser, MI 48026 (586)439.6600; FAX (586)439.6601
- Emerson Elementary**, 32151 Danna, Fraser, MI 48026 (586)439.6700; FAX (586)439.6701
- Salk Elementary**, 17601 15 Mile Rd., Clinton Twp., MI 48035 (586)439.6800; FAX(586)439.6801
- Twain Elementary**, 30601 Callahan, Roseville, MI 48066 (586)439.6900; FAX (586)439.6901
- Dooley Center**, 16170 Canberra, Roseville, MI 48066 (586)439.7600; FAX (586)439.7601

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Legal Guardian

**Sending School only:**

Name of Sending (former) school: \_\_\_\_\_

- According to our records, we can verify that the information provided above by the parent is correct.
- According to our records, the information provided above by the parent is not correct.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of sending School District Administrator & Title \_\_\_\_\_ Telephone number \_\_\_\_\_