



# 2020 – 2021 SCHOOL OF CHOICE APPLICATION

Thank you for your interest in Fitzgerald Public Schools! All items listed below must be submitted **with** the application. Incomplete or late packets **will not** be accepted. Please complete one packet per student. Enrollment options are as follows:

GRADE LEVEL	MACOMB, OAKLAND AND WAYNE COUNTY RESIDENTS	APPLICATION WINDOW
Kindergarten – 5th	Unlimited Openings Available	March 3, 2020 – September 11, 2020
6th – 12th	Unlimited Openings Available	March 3, 2020 – August 21, 2020

### Required Documentation

- \_\_\_ School of Choice application – complete and signed by Parent / Guardian (see attached)
- \_\_\_ Most recent report card (**entering grades 1-12 only**)
- \_\_\_ Most recent transcript (**entering grades 10-12 only**)
- \_\_\_ Daily attendance record from 2018-19 and 2019-20 (obtain from current school office) (**entering grades 1-12 only**)
- \_\_\_ Affirmation of Prior Discipline Form, signed by Parent / Guardian and school administrator where the student is currently attending (see attached) (**entering grades 1-12 only**)
- \_\_\_ Discipline record for 2018-19 **AND** 2019-20 (obtain from current school office) (**entering grades 1-12 only**)
- \_\_\_ Standardized test scores (M-STEP, NWEA, PSAT / SAT) from current school office (**only required if entering grades 3 or higher**)
- \_\_\_ Individualized Education Plan (IEP) if he/she receives Special Education services
- \_\_\_ SIGNED 105c Form if your child receives Special Education services **AND** you live outside Macomb County (see attached)

### High School Testing / Course Selection for ACCEPTED Students

After students entering grades 9-12 have been **accepted**, their letter will include three dates to choose from for testing.

- Saturday, May 2 from 9:00a – 11:00a
- Tuesday, June 23 from 9:00a – 11:00a
- Tuesday, August 25 from 9:00a – 11:00a

Students are tested to ensure proper placement in classes at their level. Students will also meet with their counselor and select courses for the upcoming school year.

Attending one session is **required** for all entering students. Testing will take place on the high school campus. Applying and testing early will give more opportunity for students to select courses they are interested in.

Families may apply beginning March 3rd by submitting their applications in person to:

Fitzgerald High School, Main Office 23200 Ryan Road   Warren, MI 48091 586.757.7070 Phone <b>March 3 – June 23 (M-F) 7:30a – 3:00p</b> <b>August 17 – September 11 (M-F) 7:30a – 3:00p</b>	Chatterton Middle School 24333 Ryan Road   Warren, MI 48091 586.757.6650 Phone <b>July 6 – August 7 (M-Th)</b> 8:00a – 12:00p	Auto Technology Building 23200 Ryan Road   Warren, MI 48091 586.757.4620 Phone <b>July 6 – August 7 (M-Th) 2:00p – 3:30p</b> <b>August 10 – August 14 (M-F) 8:00a – 3:30p</b>
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Parents will be notified via U.S. Mail on the outcome of their application. Please visit <http://fitz.k12.mi.us/register/school-of-choice> for additional information.



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Fitzgerald Public Schools, 23200 Ryan Road, Warren, MI 48091

**Phone:** 586.757.7070

Student's Last Name		Student's First Name		Middle Initial	Student's Birth Date
Street Address		City	Zip Code	County of Residence	
Parent / Guardian's First and Last Name			Home Phone	Cell Phone	
School District Where You Live	Current School Name and Address, City, State, Zip			Grade Student Will Be Entering in 2020-2021	
List ALL Schools Attended in 2018-2019 <b>AND</b> 2019-2020			Parent's Email Address		
Is your child currently receiving Special Education services? <input type="checkbox"/> Yes <input type="checkbox"/> No			Has your child ever been suspended from school? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your child ever been expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a brother or sister currently attending (or who has graduated from) Fitzgerald Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name(s) of siblings:			Is there a brother or sister also APPLYING for School of Choice? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name(s) of siblings and grade applying for:		

Please note ...

- ✓ Placement will be made on a space available basis. Submitting an application and requested documentation allows for School of Choice consideration and **does not** guarantee automatic admittance.
- ✓ Transportation to and from school is the sole responsibility of the parent.
- ✓ Students will be expected to abide by the Code of Conduct to maintain enrollment.
- ✓ Eligibility for participation in athletics is determined by Michigan High School Athletic Association (MHSAA) rules.
- ✓ Final approval of this application requires verification of eligibility and residency.
- ✓ Students who have been suspended by another school within the preceding two years or who have been expelled from another school district are NOT eligible for School of Choice enrollment.

By signing below, I accept the policies and regulations of the State of Michigan and Fitzgerald Public Schools regarding the School of Choice program. I have examined this application and accompanying documentation and, to the best of my knowledge and belief, all items are true, correct, and complete. I understand that any false information disclosed on this application will result in my applicant's disqualification or removal from the Fitzgerald Public School District.

PARENT / LEGAL GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

*Fitzgerald Public School District does not discriminate on the basis of gender, race, color, national origin or ancestry, creed, political affiliation or beliefs, religion, age, height, weight, marital status, disability, or any other condition covered by law with respect to the district educational programs, services, activities, and employment. Fitzgerald Public Schools welcomes all families to apply for Schools of Choice based on State of Michigan law.*

Fitzgerald Public Schools **Office Use Only**

**Status**

New Student     Current Student

Approved     Denied

Notes: \_\_\_\_\_

Date Application Received: \_\_\_\_\_

Received By: \_\_\_\_\_

INITIALS

ADMINISTRATOR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



Student Name:	Birth Date:
Previous School:	

## AFFIRMATION OF PRIOR DISCIPLINE RECORD FORM

DIRECTIONS: Parent / Guardian must complete and sign the top section of this form and have the previous school administrator complete the bottom section. This form must be submitted for ALL schools the student attended during 2018-19 AND 2019-20.

**This information is being collected pursuant to MCL §380.1310 and MCL §380.1311. A willful false statement on this affirmation will result in a report to the appropriate authorities and can result in the above listed child being dropped from school district enrollment.**

Prior School(s) – List all schools attended during 2018-19 AND 2019-20 (If additional space is needed, complete on back).

SCHOOL NAME	ADDRESS	CITY, STATE	PHONE	DATES OF ATTENDANCE

- Has the student had any in school or out of school suspensions during the past two years?  Yes  No
- Is the student **currently** serving a suspension or expulsion?  Yes  No
- Has the student been expelled from school?  Yes  No

If Yes to any of the above, please explain, including earliest date of reinstatement. Please continue on back if necessary.

(If the student has been reinstated, a letter of reinstatement **MUST** be provided.)

- Is the student awaiting a pending expulsion or long term suspension hearing?  Yes  No
- If Yes, please indicate the circumstances and the expected date of the hearing. Please continue on back if necessary.

While on school premises, at a school sponsored activity, or on a public or private vehicle traveling to or from school or school sponsored activity, has the student ever been suspended or expelled from any public or private school in Michigan or any other state for (check all that apply):

- An offense involving weapons, alcohol, or drugs?  Yes  No
- A willful infliction of injury to another person?  Yes  No
- An act of violence against a person and / or property?  Yes  No

Has the student been convicted of a crime or are any felony charges pending?  Yes  No

Has the student withdrawn from a school district in lieu of being charged with conduct which may have resulted in expulsion or long-term suspension?  Yes  No

I verify that the information I have provided is correct to the best of my knowledge.

PARENT / LEGAL GUARDIAN SIGNATURE	DATE
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**PREVIOUS SCHOOL** – Please check one of the statements below, answer the questions and sign and return to the requesting family. Please provide the parent with a copy of the student’s disciplinary records. If none exist, a blank discipline log or letter on school letterhead is acceptable.

\_\_\_\_\_ According to our records, we can verify that the information provided by the Parent / Guardian is CORRECT.

\_\_\_\_\_ According to our records, the information provided by the Parent / Guardian is NOT CORRECT.

*If the student has been involved in offenses involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school-sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity, please forward appropriate disciplinary documentation.*

Does this student have an IEP?  Yes  No      Does this student have a 504 Plan?  Yes  No

Date	Signature of Former Administrator
Phone Number	Title



**105c School of Choice**  
Special Education Agreement  
Between Resident District and Fitzgerald Public Schools

To Educate Special Education Student: \_\_\_\_\_ 2020–2021 Grade Level: \_\_\_\_\_

Student Address: \_\_\_\_\_ Special Education Program: \_\_\_\_\_

1. The Legislature has authorized school of choice across intermediate school district boundaries if the school districts are located in a contiguous intermediate school district, that is, the intermediate school districts are adjacent to each other. MCL 388.1750c (Section 105c).
2. School of choice under Section 105c **requires** that to enroll a student eligible for special education programs and services or a student who is a child with disabilities under IDEA, the educating district must have a written agreement with the resident district for the purposes of providing a free and appropriate public education (FAPE) and the agreement must include the responsibility for payment of the added costs of special education programs and services for the student. MCL 38.17505c (17).
3. The Fitzgerald Public Schools is participating in this cross ISD boundary school of choice program and is enrolling students from Wayne and Oakland County School Districts.
4. Under IDEA and State law, the resident district must provide a free appropriate public education to its special education students. With this 105c agreement the resident district authorizes the educating district to provide all special education services to ensure the child is provided a free appropriate public education. The resident district also authorizes the educating district to conduct the initial IEP meeting and subsequent IEP meetings during the term of this agreement. The educating district assumes the responsible for all special education costs for the students for the duration of this agreement.
5. If a student with a 105c agreement requires additional special education supports or programs that are not available in the Fitzgerald Public Schools district, the resident district will be contacted and a new agreement will need to be developed or the student will return to the resident district for appropriate supports and services. The resident district will not be charged any additional fees without a new 105c agreement in place that includes any fees associated with the agreement.
6. The educating district will notify the resident district, at least annually, the fee for educating the resident district's special education student if there are any fees associated with this agreement. At this time no additional fees are included in this agreement for the student \_\_\_\_\_. The fee for the **2020-2021** school year to educate this special education student is equal to zero percent of the additional cost of providing special education services to the student. This agreement is for the 2020-2021 school year and will expire on June 30, 2021. This agreement will allow the educating district Fitzgerald Public Schools to count the student in membership and receive the student's foundation allowance. This is for 105c choice students from the resident district who are eligible for special education programs and services or are children with disabilities under IDEA.

**Educating District:**

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Resident District:**

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please attach a copy of the current IEP to this form.