



2024 – 2025 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 1, 2024 – August 29, 2024 |
| 6th – 12th | Unlimited Openings Available | March 1, 2024 – August 9, 2024 |

School starts **August 26, 2024**

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 2022-23 and 2023-24 (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 2022-23 **AND** 2023-24 (obtain from current school office – if no discipline, provide a signed record stating no discipline issues) (**entering grades 1-12 only**)
- ___ Individualized Education Plan (IEP) if he/she receives Special Education services

High School Testing/Course Selection for ACCEPTED Students

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

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 1st by submitting their applications **in person** to:

March 1 – June 28 (M-F) 7:30a – 3:00p
August 5 – August 29 (M-F) 7:30a – 3:00p

Fitzgerald High School, Main Office
23200 Ryan Road | Warren, MI 48091
586.757.7070 Phone

July 1 – August 1 (M-Th)
7:30a – 3:00p

Westview Lower Elementary
24077 Warner | Warren, MI 48091
586.757.5520 Phone

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 2024-2025 | |
| List ALL Schools Attended in 2022-2023 AND 2023-2024 | | | Parent's Email Address | | |
| Is your child currently receiving Special Education services? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is the IEP attached? <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 School of Choice based on State of Michigan law.

Fitzgerald Public Schools Office Use Only

New Student Current Student

Status

Approved Denied

Notes: _____

Date Application Received: _____

ADMINISTRATOR SIGNATURE _____

DATE _____

Received By: _____
INITIALS

SPECIAL ED DIRECTOR/SUPERVISOR SIGNATURE (SE STUDENTS ONLY) _____

DATE _____

SUPERINTENDENT SIGNATURE (SE DENIALS ONLY) _____

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 2022-23 **AND** 2023-24.

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 2022-23 **AND** 2023-24 (If additional space is needed, please add on back).

| SCHOOL NAME | CITY, STATE | PHONE | Learning Mode | | | |
|-------------|-------------|-------|----------------------------------|------------------------------------|----------------------------------|------------------------------------|
| | | | <u>2022-23</u> | | <u>2023-24</u> | |
| | | | <input type="checkbox"/> Virtual | <input type="checkbox"/> In-person | <input type="checkbox"/> Virtual | <input type="checkbox"/> In-person |
| | | | <input type="checkbox"/> Hybrid | | <input type="checkbox"/> Hybrid | |

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 |
|-----------------------------------|------|

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 |