

**WARREN WOODS PUBLIC SCHOOLS  
SCHOOLS OF CHOICE APPLICATION REQUIREMENTS**

*All items as listed below must be submitted With the application.*

- Schools of Choice Application signed by the Parent/Guardian (All applicants).
- Three Proofs of Residency (All applicants must be a Macomb County resident).
  - One of any of the following:
    - House Closing Papers or
    - Lease Agreement or
    - Mortgage Statement

**AND**

- Two of the following (any combination - reflecting Parent/Guardian's name and address):
  - Current utility bill or
  - Credit card statements
- Child's most current report card (Applicants for grades 1-8). **High school students must send current transcript.**
- Building Preference Request (Elementary students only - Kindergarten through 5th grade applicants).
- Permission for Release of Information (student records) signed by Parent/Guardian (All applicants).

Submit **all** of the above items. After all items have been received with the completed application, parents will be notified on the interview/enrollment process.

**TO BE SUBMITTED TO SCHOOL WHERE CHILD CURRENTLY ATTENDS:**

- Affirmation of Prior Discipline signed by parent and principal where the student is currently attending. (All applicants excluding Kindergarten).
  - Affirmation of Discipline must be **FAXED** by the school where the student is currently attending to Warren Woods Public Schools - Pupil Services office at: 586.353.0547.

**WARREN WOODS PUBLIC SCHOOLS**  
**SECTION 105- SCHOOLS OF CHOICE APPLICATION**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent Name \_\_\_\_\_ Grade Applying For \_\_\_\_\_

Parent/Student Address \_\_\_\_\_

Street

City

Zipcode

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Cell Phone \_\_\_\_\_ (Pager) \_\_\_\_\_

Please list any special programs/services received in the student's current district

Does the student currently have an (I.E.P.) Individual Education Plan for Special Education or speech with his/her current district? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has the student been suspended from school in the past 2 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please detail \_\_\_\_\_

Has the student ever been expelled from school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please give date of expulsion \_\_\_\_\_

Resident District \_\_\_\_\_ Resident School \_\_\_\_\_

Resident Principal \_\_\_\_\_ Phone \_\_\_\_\_

Resident Counselor \_\_\_\_\_ Phone \_\_\_\_\_

I understand that:

- Placement will be made on a space available basis.
- Transportation to and from school is the sole responsibility of the parent.
- My student will be expected to abide by the Pupil Conduct Code to maintain enrollment.
- Eligibility for participation in athletics is determined by Michigan High School Athletic Association Rules.
- Final approval of this application requires verification of eligibility and residency within Macomb County.
- My signature below grants permission to my child's current school district official to share/provide **(Student's Name)** \_\_\_\_\_'s school records which includes academic and disciplinary information with Warren Woods Public School officials.

I accept Warren Woods Public Schools Section 105 Schools of Choice Guidelines as presented.

\_\_\_\_\_  
**(Signature of Parent/Guardian)**

\_\_\_\_\_  
**(Date)**

Return completed form to:

Sandra Stanley  
12900 Frazho Road  
Warren, MI 48089  
586-439-4468

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*Warren Woods Public Schools Use Only*

**Approved Grade** \_\_\_\_\_

**Wait List Grade** \_\_\_\_\_ # \_\_\_\_\_

**Not Approved** \_\_\_\_\_

\_\_\_\_\_  
**Sandra Stanley, Exec. Dir. Of Curriculum**

\_\_\_\_\_  
**Date**

**Warren Woods Public Schools**  
**12900 Frazho Road • Warren, MI 48089-1300**  
**Progress through Expectation**

**Stacey Denewith-Fici, Superintendent • M. Grace Stafford, Assistant Superintendent**  
**Neil R. Cassabon, Business Manager • Sandra K. Stanley, Executive Director Curriculum & Pupil Services**

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REQUEST FOR EDUCATIONAL RECORDS**

To Whom It May Concern:

Under the provisions of the Privacy Rights of Parents and Students Act, page 1213, Subpart D, 99.30 (b) it is not necessary to have the written consent of the parents to release records “to officials of other schools or school systems in which the student seeks or intends to enroll...”

Please forward the complete school record (CA-60 file) of the pupil(s) listed below showing subjects marks, test scores, grade placement, transcripts (if applicable), discipline records and health records. Also send all Special Education Information (psychological testing, social work summaries, IEP’s, etc.) to:

Educational records may be sent to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STUDENT(S) NAME**

**BIRTHDATE**

**GRADE**

\_\_\_\_\_

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\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

Sincerely,

**Principal/Counselor**

**WARREN WOODS PUBLIC SCHOOLS  
SCHOOLS OF CHOICE ELEMENTARY BUILDING PREFERENCE FORM**

Last Name	First Name	Date of Birth	Grade Applying For

<b>Building Preference:</b>
1st Choice:
2nd Choice:
3rd Choice:

If applying for Kindergarten, please indicate preference:

Full Day Kindergarten	<input type="checkbox"/>	1/2 day Kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<b>AM</b>	<b>PM</b>	
			<input type="checkbox"/>	<input type="checkbox"/>	

**Does the applicant have any siblings CURRENTLY attending Warren Woods Public Schools?  
(If yes, please provide names of students and buildings they are enrolled.)**

Student Name	Building Attending	Grade

Warren Woods Public Schools  
12900 Frazho Road  
Warren MI 48089  
(586) 439-4468  
(586) 353-0547 (Fax)

*AFFIRMATION OF PRIOR DISCIPLINE RECORD*

DIRECTIONS: Check the applicable paragraph, provide all appropriate information, and sign this document.

Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_

(Please initial)

1. \_\_\_\_\_ The undersigned affirms that the student above **has not** been suspended from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons/property on school premises, at any school-sponsored activity, or on a public or private conveyance providing transportation to or from a school or school-sponsored activity.
2. \_\_\_\_\_ The undersigned affirms that the student above **has not** been expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons/property on school premises, at any school-sponsored activity, or on a public or private conveyance providing transportation to or from a school or school-sponsored activity.
3. \_\_\_\_\_ The undersigned affirms that the student above **has** been suspended from a public or private school in Michigan or any other state for one or more offenses involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons/property committed on school premises, at any school-sponsored activity, or on a public or private conveyance providing transportation to or from a school or school-sponsored activity.
4. \_\_\_\_\_ The undersigned affirms that the student above **has** been expelled from a public or private school in Michigan or any other state for one or more offenses involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons/property committed on school premises, at any school-sponsored activity, or on a public or private conveyance providing transportation to or from a school or school-sponsored activity.

If you checked items 3 or 4, explain the circumstances in detail. Include the school name, dates of the suspension or expulsion, and a description of the incident giving rise to the suspension or expulsion.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I legally attest that the statements above are to the best of my knowledge truthful. A willful false statement on this affirmation will result in a report to the appropriate authorities and may result in your student not being accepted.**

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Contact number: \_\_\_\_\_

Date copy sent for verification: \_\_\_\_\_

Name of former school district: \_\_\_\_\_

- Sending school – please check one: \_\_\_\_\_ According to our records, we can verify that the information provided above by the student/parent is correct.
- \_\_\_\_\_ According to our records, the information provided above by the student/parent is not correct. Please provide any information required by law.

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

Signature of sending district administrator: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Verbal verification received from: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be signed by the former school and submitted prior to meeting with a counselor to register your child. The previous school may fax the completed form to: 586.353.0547.**