



Woodhaven-Brownstown School District
 Administration and Board of Education Offices
 24821 Hall Road • Woodhaven, MI 48183
 Phone 734.783.3300 • Fax 734.783.3316

2017-2018 Schools of Choice Application

Application Period: April 12, 2017 – May 11, 2017

*** Please return to the Board of Education ***

Student's Name: _____ Entering Grade: _____

Street Address: _____ Apt. #: _____

City: _____ Zip Code: _____ Home Phone: () _____

Father's Full Name: _____ Work Phone: () _____

Mother's Full Name: _____ Work Phone: () _____

Guardian's Name: _____ Work Phone: () _____

With whom does the student live? _____ Student's Birth Date: ____/____/____

Name of current school: _____

What District do you reside in? _____

Has student been suspended and/or expelled from school in the last two years? Yes No

If yes, indicate the reason for the suspension and/or expulsion: _____

Number of days suspended: _____ Dates of expulsion: _____

Any other student(s) applying now for Schools of Choice or currently enrolled in the district under Schools of Choice? Yes No

If yes, please list their full names and grade they will be in for the 17/18 School Year: **(PLEASE NOTE: A SEPARATE APPLICATION FORM IS REQUIRED FOR EACH NEW CHILD).**

_____	_____	_____	_____
Name	17/18 Grade	Name	17/18 Grade
_____	_____	_____	_____
Name	17/18 Grade	Name	17/18 Grade

At the elementary level, students may be assigned to any of the District's five elementary schools.

Although we cannot guarantee placement at a particular elementary school, you may indicate your preference below if desired. Please indicate your building preferences by writing 1, 2, 3, etc... in the boxes below:

Bates Erving Gudith Wegienka Yake

As an enrollee under the Schools of Choice program, 10th–12th grade students are not eligible to participate in competitive athletics for one semester after their date of enrollment. First time 9th graders establish their eligibility when they enter the 9th grade. This is a Michigan High School Athletic Association regulation.

As an enrollee under the Schools of Choice program, 6th–12th grade student schedules will be determined after reviewing the student's current transcript when meeting with a counselor and having a schedule developed from the specific courses and number of sections available at the time of registration. **The Woodhaven-Brownstown School District will be under no obligation to create and/or add additional courses or sections.**

As an enrollee under the Schools of Choice program, class designation in grades 9-12 will be determined based on the number of credits the student has at the time of enrolling in Woodhaven-Brownstown School District compared to Woodhaven High School's actual number of credits designated for each grade level. This will determine which grade quota is to be applied to your application.

Under the rules and regulations of the Schools of Choice program, in the event the number of applicants for a given grade level exceeds the number of designated openings, a lottery will be held to determine which applications are to be accepted.

In the event a sibling of a Schools of Choice enrollee wishes to enroll in the Woodhaven-Brownstown School District in a grade in which the District is accepting students, the siblings will have a priority status in the event the number of applications for that particular grade level exceeds the designated openings.

There will be no tuition or other enrollment costs associated with attending the Woodhaven-Brownstown School District. Schools of Choice students will be expected to pay any or all costs that are paid by resident students for supplies, materials, activity fees, etc.

Schools of Choice students will be expected to adhere to all rules, regulations, and policies of the District with particular attention to the District's code of conduct and dress code. Students will also be expected to adhere to all the rules and regulations of the Schools of Choice legislation.

There will not be any transportation provided by the Woodhaven-Brownstown School District for Schools of Choice students unless it is a requirement of an IEPC for a special education student. Schools of Choice students who are determined to be eligible for special education programming will be subject to the same placement procedures as resident District students and may be placed in appropriate programs outside the Woodhaven-Brownstown School District.

As the parent/guardian of the applicant, or as the applicant in the event he/she is 18 years of age, I, the undersigned, hereby understand and agree to abide by the information set forth in this application and agree that any false or incomplete information provided may disqualify my application for a Schools of Choice position in the Woodhaven-Brownstown School District. I also agree, in the event this application is accepted, to abide by the rules, regulations, and policies of the Woodhaven-Brownstown School District as well as the rules and regulations set forth in the Schools of Choice legislation and as issued by the Department of Education from time-to-time.

Signature of Parent/Guardian, or 18 year old Student

Date

Email Address

A completed application includes:

- Completed Application
- Completed **Parent** Verification of Prior Discipline Record
- Completed **District** Verification of Prior Discipline Record

How did you hear about our Schools of Choice Program?

- Newspaper** **Sign**
 Mailed Flyer **Other** _____

Completed applications must be received no later than 4:00 P.M., May 11, 2017.

Application received by

Date

In compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disability Act of 1990, and the Elliott-Larsen Civil Rights Act of 1977, it is the policy of the Woodhaven-Brownstown School District that no person shall on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight, or marital status be excluded from participation in, be denied the benefits of, or be subjected to discrimination during any program, activity, service or in employment. For information, contact the Office of the Superintendent, 24821 Hall Road, Woodhaven, MI 48183 734-789-2357.

PARENT VERIFICATION OF PRIOR DISCIPLINE HISTORY

A willful false statement of this affirmation will result in a report to the appropriate Authorities and automatic disqualification.

DIRECTIONS: Sign the permission below, check and sign either option 1 or 2. Please return this form with School of Choice Application.

I give permission to representatives of the Woodhaven-Brownstown School District to send a verification of discipline record to any and all school districts noted on my student's Schools of Choice application.

Signature of Parent/Guardian, or 18 year old student

Option 1:

The undersigned affirms that _____ *has not been suspended or expelled* from any public or private school in Michigan or any other state.

Signature of Parent/Guardian, or 18 year old student

Option 2:

The undersigned affirms that _____ *has been suspended or expelled* from any public or private school in Michigan or any other state. If checked, please explain the circumstances in detail. Include school name, dates of suspension or expulsion, and a description of the incident giving rise to the suspension or expulsion.

Signature of Parent/Guardian, or 18 year old student



DISCIPLINE HISTORY VERIFICATION

PLEASE FAX BACK A.S.A.P

Date: ____/____/____

Parent/Guardian fills out this portion:

Student Name: _____ Birth date: ____/____/____ Grade: _____

Former School District: _____

Phone: _____ Fax: _____ Contact: _____

The above named student has requested enrollment in the Woodhaven-Brownstown School District. We are requesting information about his/her discipline history. If you have any questions please contact George Blankenbaker at 734-789-2348.

Prior school fills out this portion:

No Record of Suspension or Expulsion from this school district

Expelled under School Transfer Weapons Free School Zone**

Expelled* Violation/Infraction: _____

Suspended* Violation/Infraction: _____

*Please attach record of expulsion or suspension.

Official Position Phone

Date: _____

PLEASE FAX BACK COMPLETED FORM TO 734-783-3316

SCHOOL TRANSFER WEAPONS FREE SCHOOL ZONE STATEMENT

**In order to comply with Public Act 328, please verify that the above named student has not been suspended or expelled from school for a weapons, arson, or criminal sexual conduct violation subsequent to January 1, 1995. If the above named student has been suspended or expelled for one of the above named violations, please attach an explanation as to the current status of the student in accordance with Michigan Public Act 328. Students expelled under this policy are expelled from all Michigan School Districts unless placed in an appropriate alternative education program.